



**LOBBYING DISCLOSURE PROGRAM  
TERMINATION STATEMENT FOR LOBBYING REPRESENTATIVES**

Lobbying Organization Name: \_\_\_\_\_ URL: \_\_\_\_\_

Organization Address (City, State, Zip): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**REPRESENTATIVE TERMINATION AND REPLACEMENT**

Please list the name(s) of the individuals who will be terminated as your organization's lobbying representatives

Representative 1: \_\_\_\_\_

Representative 2: \_\_\_\_\_

Representative 3: \_\_\_\_\_

Will these representative(s) be replaced?  Yes  No

If yes, please list the representatives' replacement(s) :

Representative 1: \_\_\_\_\_

Representative 2: \_\_\_\_\_

Representative 3: \_\_\_\_\_

**FILER STATEMENT**

*As the authorized Filer for the Lobbying Organization listed above, I certify that all Quarterly Disclosure Reports are up-to-date and have been approved accordingly by the LAUSD Ethics Office. I understand that any pending fees or fines must be paid before this termination will be approved.*

\_\_\_\_\_  
Name of Filer

\_\_\_\_\_  
Name of Filer's Organization

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

OFFICE USE ONLY

Termination Received: \_\_\_\_\_

Termination Approved: \_\_\_\_\_

NOTES: