

LOBBYIST TERMINATION

Lobbyist Information: (please print or type)	(office use only) Reg No. _____
Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: (business) _____ (fax) _____	
Client/Employer Information:	(office use only) Reg. No. _____
Name: _____ Mailing Address: _____ City, State, Zip: _____ Telephone: (business) _____ (fax) _____	
Signature: _____ Date: _____	
<p><u>Notes:</u></p> <ol style="list-style-type: none">1. The signature of <i>either</i> the lobbyist or the entity representative is adequate for termination.2. Termination of registration is effective on the date this form is received in the office of the Oregon Government Standards and Practices Commission.3. You will receive an expenditure report for the time prior to the termination that falls within the reporting period. You <u>must</u> complete and return the report for that period.	