

**APPLICATION TO OBTAIN LOGON PASSWORD  
AND  
AUTHORIZATION OF VENDOR OR SERVICE PROVIDER**

I, the undersigned, am on record with the Secretary of State as the lobbyist; responsible officer of the lobbying firm; responsible officer, attorney or certified public accountant who acts as an agent for the entity or organization listed below:

\*This form may also be used by person spending \$5,000 or more to influence legislative or administrative action. Enter the name of the person spending \$5,000 or more below, and leave the identification number blank. The Secretary of State will assign a number to you to use in filing electronically.

Entity or Organization  
is a: (choose one)

Lobbyist  
 Lobbying firm  
 Lobbyist employer  
 Lobbying Coalition

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Full Name of Lobbyist, Lobbying Firm, Lobbyist Employer, or Lobbying Coalition

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ID # (if known)

and am entitled to file lobbying disclosure reports on behalf of said lobbyist, lobbying firm, lobbyist employer or lobbying coalition. In order to file my required reports electronically, I hereby apply for issuance of an electronic password and user identification number.

Furthermore, I intend for my vendor or service provider to submit my reports electronically on my behalf. I hereby authorize:

**CAPITOL WEBWORKS / EASYDISCLOSURE.COM**

to obtain my electronic filing password and identification number in order to timely file my lobbying reports.

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Date) (Month) (Year)

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Signature

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Printed Name of Signer

**PLEASE FAX THIS APPLICATION TO CAPITOL WEBWORKS, 916-558-1518.**

Capitol WebWorks will submit your form as required and will let you know as soon as your electronic password and identification number have been issued.

If you have any questions at any time, please do not hesitate to call Capitol WebWorks, toll-free 1-800-372-7903 or Sacramento local, 916-444-1424.