San Francisco Ethics Commission

FORM 4: CAMPAIGN CONSULTANT CLIENT AUTHORIZATION STATEMENT

each client. If submit this for any economic event no later	the client retains the m <u>before</u> providing a consideration from th than 15 days after be	I registration, the filer mediler's services after the consulting some client in exchange for coing retained to provide collications.	date of initial registration ervices to the client an campaign consulting se ampaign consulting ser	on, the file d <u>before</u> rvices, an	er must receiving d in any
Name of Filer:					
Name of Clien	t:				
Client's Busine	ess Address:				
Number	Street	City		State	Zip Code
TO BE COM	IPLETED BY THE	CLIENT:			
I have retained		ne of Filer	to provide campaig	n consulti	ng services
to me			, starting on		
to me,		ne of Client	, starting on		
for the followin	ng period:	 Date			
		(Cor	ntinue on reverse side)		

I certify under penalty of perjury under the laws of the S in this form is true, complete and correct.	tate of California that the information contained
Signature of Client	Date
Office Held, if applicable	
Description of purpose for which the campaign consult	tant is retained:
TO BE COMPLETED BY THE FILER:	
I certify that if the above-named client retains my service campaign consulting services to the above-named client payment from the above-named client for same before a	t, nor have I been paid or received a promise of
Signature of Campaign Consultant	Date
Type or Print Name	