

Lobbyist Certification Statement

(Government Code Section 86103)

Legislative Session		CALIFORNIA FORM 604 <small>FAIR POLITICAL PRACTICES COMM.</small> For Official Use Only
2017	2018	
(Insert Years)		

Type or Print in Ink

Check Box if an Amendment

NAME OF LOBBYIST: (Last) LUCARDI (First) DONALD H. (M.I.)				If this is an Initial Certification, enter the DATE QUALIFIED as a Lobbyist: 01/01/2017
BUSINESS ADDRESS: (Number and Street)		(City)	(State)	
		NEW YORK	NY	10019
MAILING ADDRESS: (If different than above)				FAX NUMBER: (Optional)
NAME OF LOBBYIST EMPLOYER OR LOBBYING FIRM: EMSO ASSET MANAGEMENT US LLC				E-MAIL: (Optional) DONALD.LUCARDI@EMSO.COM

I. LOBBYIST ETHICS ORIENTATION COURSE

Check one box:

- I have not taken the course within the previous 12 months. I will attend the course (check one):
 - New Certification - Within the next 12 months
 - Renewal - By June 30 of the next calendar year

I completed the course on _____ (Mo./Day/Year)

II. AGENCIES LOBBIED

Check one box:

I will lobby the agencies identified on the Lobbyist Employer or Lobbying Firm Registration Statement (Form 601/603) and subsequent amendments.

I will only lobby the agencies identified below:

Will you lobby the State Legislature? State Agencies: _____
 Yes No

III. LOBBYIST RESTRICTIONS

By signing the verification below, I certify that I have read and understand that I am subject to the prohibitions contained in Government Code Sections 86203 and 86205. (Provided on reverse.)

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/02/2016 DATE

By DONALD H. LUCARDI SIGNATURE OF LOBBYIST