

COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

FILER INFORMATION: (Please type or print in ink)
 WAVE Technology Solutions Group

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) 949-453-9283

CONTRACTOR **LOBBYIST** (Check one)
 SUPPLEMENTAL FORM (Check if presenting at Board of Supv. Mtg.)
DISCLOSURE COVERS PERIOD FROM 9/13/2009 **TO** 9/12/2010
 (Disclosure must cover the year preceding the date of the disclosure)

NAME AND ADDRESS OF CONTRACTOR: WAVE - TSG
 8805 Research Dr., Suite 100, Irvine, CA 92618

ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)

(Clerk's Use Only - Date and Time Stamp)

COUNTY OF SAN DIEGO
 BOARD OF SUPERVISORS

2010 SEP 17 PM 2 41

THOMAS J. PASTUSZKA
 CLERK OF THE BOARD

OF SUPERVISORS
 Board Mtg. Date: 9/22/10
 Agenda Item: 12
 Communication Rec'd.: _____

County Department Contact:

Name _____
 Department _____
 Phone: () _____

REPORTABLE DISCLOSURE: (Check Yes or No below)

- YES** If you **HAVE** gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E
- NO** If you have **NO** gifts and **NO** contributions to report, please complete Section D and E only

A. REPORTABLE DISCLOSURE - GIFTS * (AGGREGATING \$50.00 OR MORE)

NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/VALUE

* Attach additional pages if necessary

B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS * (ANY AMOUNT)

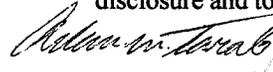
NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT

* Attach additional pages if necessary

C. TOTAL NUMBER OF PAGES (including this page)

D. VERIFICATION

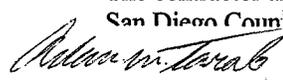
I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and correct.

 DN: cn=Adam Torab, o=WAVE-TSG, ou=President, email=atorab@wave-tsg.com, c=US
Date: 2010.09.13 11:57:22 -07'00'
 President

Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)
 Executed at: Irvine, CA (City and State) **Date:** 9/13/2010

E. CONTRACTOR'S CERTIFICATION

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by

 Digitally signed by Adam Torab
DN: cn=Adam Torab, o=WAVE-TSG, ou=President, email=atorab@wave-tsg.com, c=US
Date: 2010.09.13 11:57:45 -07'00'
 President 9/13/2010
Signature of Contractor or Representative **Title** **Date**