

## LOBBYIST QUARTERLY REPORT City of Glendale, California Quarter: \_\_\_1<sup>st</sup> (File by April 15) \_\_\_\_3<sup>rd</sup> (File by October 15) \_4<sup>th</sup> (File by January 15 of following year) Year: 20 **SECTION 1: Lobbyist information:** I am registered with the City as: \_\_\_ Individual Lobbyist \_\_\_ Lobbyist Firm Name: \_\_\_\_\_\_ Firm: \_\_\_\_\_\_ Business/mailing Address: 1618 Lamego Drive, Glendale CA 91207 SECTION 2: Client information for whom you are lobbying (add extra pages if necessary): Name: \_\_\_\_\_ Nature of Business: Description of Project(s) or Legislation lobbying for:



## **SECTION 3: Financial Information:**

List the amount received or to be received from each client:	
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Date received/to be	Amount received /to be	If non-monetary compensation, provide
received	received	description and fair market value.
ist the amount received	d or to be received from each c	lient:
Date received/to be	Amount received /to be	
Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.
		If non-monetary compensation, provide

<u>Total compensation received or promised from each client during this reporting period for lobbying purposes – please provide the name of each client and check the appropriate box for the range:</u>

Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000



## <u>SECTION 4: Information relating to City of Glendale Officials contacted or to be contacted during this reporting period:</u>

Client:				
Name and T	itle of Official c	ontacted or to be	e contacted:	
			but is not limited to	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	itacts:	
		6-10 contacts		
	<u> </u>			
Client:				
Name and T	itle of Official c	ontacted or to be	e contacted:	
ivanie and i	The or official c		contacted.	
		•	but is not limited t	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	tacts:	
1 contact	2-5 contacts	6-10 contacts	11+ contacts	
Client:				
Name and T	itle of Official c	ontacted or to be	e contacted:	
• •		•	out is not limited to	o in person meetings, remote meetings
Tarah S				
1 contact		r anticipated con 6-10 contacts		
2 00111401	2 3 001114013	3 10 001114013	227 00110000	



Client:
Name and Title of Official contacted or to be contacted:
Date(s) contacted or will contact (includes, but is not limited to in person meetings, remote meetings and correspondence):
Total number of contacts or anticipated contacts:
1 contact   2-5 contacts   6-10 contacts   11+ contacts
Check here if you do not yet know which City of Glendale Official you will be contacting.
_] Check here and attach additional sheets if necessary. Pages from this form may be duplicated and attached as additional sheets.

[Remainder of page intentionally left blank]



## **SECTION 5: Lobbyist activity expenses:**

Please list payments made by you, during this reporting period, which directly benefitted any City Official or City Official's immediate family or domestic partner. Activity expenses do not include campaign contributions, however, they do include gifts, salaries and other forms of compensation to the City Official.

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Client:		
Name of City Official	Activity Expense paid/incurred by Lobbyist to City Official – please list dollar amount or fair market value.	Description of activity (e.g. gift, salary, loan forgiveness, passes, etc.)
Client:		
Name of City Official	Activity Expense paid/incurred by Lobbyist to City Official – please list dollar amount or fair market value.	Description of activity (e.g. gift, salary, loan forgiveness, passes, etc.)
Client:		
Name of City Official	Activity Expense paid/incurred by Lobbyist to City Official – please list dollar amount or fair market value.	Description of activity (e.g. gift, salary, loan forgiveness, passes, etc.)



<ul><li>[_] Check here and attac</li><li>Pages from this form ma</li></ul>			vities for more than one client heets.
I declare under penalty o provided herein is true a		laws of the State of Cal	ifornia, that the information
Executed on	, at		, California.
Signature			
Printed Name			
 Title/Position			