

LOBBYIST QUARTERLY REPORT	City of Glendale, California
Quarter:1 <sup>st</sup> (File by April 15)4 <sup>th</sup> (File by January 15 of followin	2 <sup>nd</sup> (File by July 15)3 <sup>rd</sup> (File by October 15) g year)
Year: 20	
SECTION 1: Lobbyist information:	
I am registered with the City as: Ir	ndividual Lobbyist  Lobbyist Firm
Name:	
Firm:	
Business/mailing Address:	
Phone:	
E-mail:	
SECTION 2: Client information for whom you	are lobbying (add extra pages if necessary):
Name:	
Address:	
Phone:	
E-mail:	
Nature of Business:	
Description of Project(s) or Legislation lobbying	



## **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 o	lient:
Date received/to be	d or to be received from each of Amount received /to be	
		If non-monetary compensation, provide description and fair market value.
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	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 t	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	itacts:	
		6-10 contacts		
Client:				
Cilett				<del></del>
Name and T	itle of Official c	ontacted or to be	e contacted:	
and corresp	ondence):	•		o in person meetings, remote meetings
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 t	o in person meetings, remote meetings
		r anticipated con 6-10 contacts		
Lontact	2 3 001114013	3 10 contacts	11. contacts	



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.)



_] Check here and attach additional Pages from this form may be duplicar	, , , ,	
declare under penalty of perjury, ur provided herein is true and correct.	nder the laws of the State of Califor	nia, that the information
Executed on, at _	_	, California.
Printed Name		
Fitle/Position		