

LOBBYIST QUARTERLY REPORT	City of Glendale, California
Quarter:1 <sup>st</sup> (File by April 15)2 <sup>nd</sup> (File b 4 <sup>th</sup> (File by January 15 of following year)	y July 15)3 <sup>rd</sup> (File by October 15)
Year: 20	
SECTION 1: Lobbyist information:	
I am registered with the City as: Individual	LobbyistLobbyist Firm
Name:	
Firm:	
Business/mailing Address: 1618 Lamego Drive, Glenda	ale CA 91207
Phone:	
E-mail:	
SECTION 2: Client information for whom you are lobb	ying (add extra pages if necessary):
Name:	
Address:	
Phone:	
E-mail:	
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: \_\_\_\_\_\_

Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.

List the amount received or to be received from each client: \_\_\_\_\_\_

Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.

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

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



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

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

Client: \_\_\_\_\_

Name and Title of Official contacted or to be contacted:

Total number of contacts or anticipated contacts:

1 contact	2-5 contacts	6-10 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



# 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.

## 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 sheets if reporting lobbying activities for more than one client. Pages from this form may be duplicated and attached as additional sheets.

I declare under penalty of perjury, under the laws of the State of California, that the information provided herein is true and correct.

Executed on	, at	, California.
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Signature

Printed Name

Title/Position