



LOBBYIST QUARTERLY REPORT	City of Glendale, California
Quarter:1st (File by April 15)2nd (File by July 154th (File by January 15 of following year)) 3 rd (File by October 15)
Year: 20	7
SECTION 1: Lobbyist information:	
I am registered with the City as: Individual Lobbyist	Lobbyist Firm
Name: Michael Menjivar	
Firm: Strategies 360	
Business/mailing Address: PO Box 280152 - 18039 Chatsworth St., Gm	rada Hills Cd 91328
Phone: 818-212-6887	
E-mail: Mi chael ma Strategies 3	60.com
SECTION 2: Client information for whom you are lobbying (add	extra pages if necessary):
Name: Swimply	
Address: GA 25 Weldlake Dr., Los Ar	rgeles CA 90068
Phone:	
E-mail: Camerana Swimply. Com	\
Nature of Business: Online marketplace for	renting Swiming
Description of Project(s) or Legislation lobbying for:	v 10015
Short-term pool rentals	



SECTION 3: Financial Information:

ist the amount received or to be received from each client:	
ist the amount received or to be received from each client:	-17

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

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:

Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000
Swimply				\$18,000	
` &					



SECTION 4:	Information r	elating to City of	Glendale Officials	contacted or to be contacted during this
reporting p	eriod:			
Client:	igital Re	staurant;	Association	
Name and	ritle of Official of	contacted or to b SSa Khaar	e contacted:	
Date(s) con and corresp	tacted or will coondence):0	ontact (includes, 1/7/23 (but is not limited in	Jeremy Oberstein)
Total numb	er of contacts o	or anticipated cor	ntacts:	
particular section of the section of	7	6-10 contacts	Special Control of the Control of th	
		contacted or to b	e contacted:	
			but is not limited t	to in person meetings, remote meetings
Total numb	er of contacts c	r anticipated cor	itacts:	
1 contact	2-5 contacts	6-10 contacts	11+ contacts	
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	ar of contacts o	r anticipated con	atacts:	
1 contact	2-5 contacts	6-10 contacts	11+ contacts	



Client:				
Name and	Title of Official c	ontacted or to b	e contacted:	
		The state of the s		d to in person meetings, remote meetings
Total numb	er of contacts o	r anticipated cor	ntacts:	
1 contact	The second second second	6-10 contacts	11+ contacts	
[_] Check he		dditional sheets		e Official you will be contacting.

[Remainder of page intentionally left blank]



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Quarter:1 st (File by April 15)2 nd (File 4 th (File by January 15 of following year)	by July 15) 3 rd (File by October 15)
Year: 20	
SECTION 1: Lobbyist information:	
I am registered with the City as:	Lobbyist Firm
Name:	Manual
Firm:	
Business/mailing Address:	
Phone:	
E-mail:	
SECTION 2: Client information for whom you are lobb	ying (add extra pages if necessary):
Name: Digital Restaurant Ass	ocation (DRA)
Name: Digital Restaurant Ass Address: 171 W Aberdeen St., Svite 2	00 Chicago, 12 60607
Phone: 773-677-3774	
E-mail: Joe. Reinstein (a) digital	restaurants. Org
Nature of Business: helping restaurants r	argute the food delivery app
Description of Project(s) or Legislation lobbying for:	70,00
Advocating on behalf of re	staurant Owners
Advocating on behalf of re in the Eigstal/app-bas	ed spaces.



SECTION 3: Financial Information:

List the amount received or to be received from each client	
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Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.
Monthly	recencu	description and rain market value.
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		1
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 received	If non-monetary compensation, provide description and fair market value.
Date received/to be	Amount received /to be	If non-monetary compensation, provide
	Amount received /to be	If non-monetary compensation, provide

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:

Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000
Digital Restaurant				\$25,500	
*					



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:		
TO DESCRIPTION SET OF MAINTAIN ROOMS IN THE PROPERTY OF THE PR		
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:		
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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 10/25/23, at Los Angeles ____, California

Sighature

Printed Name

Title/Position