

LOBBYIST QUARTERLY REPORT City of Glendale, California Quarter: ___1st (File by April 15) ____3rd (File by October 15) _4th (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: | |
|--|--|
|--|--|

| Date received/to be | Amount received /to be | If non-monetary compensation, provide |
|------------------------------|---------------------------------|--|
| received | received | description and fair market value. |
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| 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 |
|-------------|-----------|-------------------|----------------------|------------------------|-------------------|
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<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 ana 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 Of | ficial contacted or to b | e contacted: | |
| • • | will contact (includes, | | to in person meetings, remote meetings |
| | | | |
| Total number of cont | acts or anticipated cor | ntacts: | _ |
| 1 contact 2-5 cont | tacts 6-10 contacts | 11+ contacts | |
| | | | |
| | | • | • |
| , | • | , | Official you will be contacting. |
| [_] Check here and at attached as additional | | if necessary. Page | es from this form may be duplicated and |

[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 attacPages from this form ma | | | 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 | | | |