

LOBBYIST QUARTERLY REPORT	City of Glendale, California
Quarter:1 st (File by April 15)4 th (File by January 15 of followin	2 nd (File by July 15)3 rd (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



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

Client:				
Name and T Michael Fortne	itle of Official c y, Dep Dir Commu	ontacted or to be	e contacted:	
		•	out is not limited t	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	tacts:	
		6-10 contacts		
Client:				
	itle of Official c cikian, Housing Dep	ontacted or to be partment	e contacted:	
			out is not limited t	o in person meetings, remote meetings
		r anticipated con		
1 contact	2-5 contacts	6-10 contacts	11+ contacts	
Client:				
Name and T	itle of Official c	ontacted or to be		
		•	out is not limited t	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	tacts:	
1 contact		6-10 contacts		



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	
			•
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.)



 -	ch additional sheets if reportions of the contraction of the contracti	ng lobbying activities for more than one client I as additional sheets.
I declare under penalty provided herein is true	• • •	the State of California, that the information
Executed on	, at	, California.
Signature		
Printed Name		
 Title/Position		