



City of Anaheim  
Office of the City Clerk

Please submit completed form(s) to:  
Mail or in person: Office of the City Clerk  
200 S. Anaheim Blvd. Ste. 217, Anaheim, CA 92805; or  
Email: [tbass@anaheim.net](mailto:tbass@anaheim.net); or Fax: (714) 765-4105

## LOBBYIST'S QUARTERLY REPORT OF ACTIVITY

**CHECK APPLICABLE REPORTING PERIOD:**

**Q1: Due April 30** (January 1 - March 31)

**Q3: Due October 31** (July 1 - September 30)

**Q2: Due July 31** (April 1 - June 30)

**Q4: Due January 31** (October 1 - December 31)

Year \_\_\_\_\_

LOBBYIST INFORMATION			
NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)	
BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

REPORTING SCHEDULES			CHECK ALL APPLICABLE
No Lobbying Activity	Lobbying Activity/ Client Disclosure Report	Campaign Contribution Report	
I did not participate or engage in <b>any form of lobbying</b> during the reporting period.	<u>Schedule A</u> : Report <b>any form of lobbying</b> by the lobbying firm/ lobbyist of the City of Anaheim or any regional agency in which Anaheim has a voting role during this reporting period.	<u>Schedule B</u> : Report <b>any contributions</b> made during the reporting period to the Mayor or any City Council Member by the lobbying firm/lobbyist.	

### Verification

I certify that I have reviewed Ordinance No. 6417, made available on the City of Anaheim's website and reviewed all applicable lobbying provisions. I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF LOBBYIST	PRINT NAME OF LOBBYIST
NAME OF LOBBYING FIRM (if applicable)	DATE (mm/dd/yyyy)



## SCHEDULE A – CLIENT DISCLOSURE

**CHECK APPLICABLE REPORTING PERIOD:**

**Q1: Due April 30** (January 1 - March 31)

**Q3: Due October 31** (July 1 - September 30)

Year \_\_\_\_\_

**Q2: Due July 31** (April 1 - June 30)

**Q4: Due January 31** (October 1 - December 31)

**Note:** Complete this form for **each client** in which five hundred dollars (\$500) or more was received in a calendar month.

<b>CLIENT INFORMATION</b>			Total Compensation Lobbyist Received from Client: \$	
NAME OF CLIENT (Last, First, M.I.)		BUSINESS NAME		BUSINESS PHONE (XXX) XXX-XXXX
BUSINESS ADDRESS		CITY	STATE	ZIP CODE

**CLIENT DISCLOSURE**

Describe the local legislative or administrative action(s) that the lobbying firm/lobbyist supported or opposed during the reporting period.

Disclose any form of communication by the lobbying firm/lobbyist during the reporting period. Use a separate entry for each new contact.

1.	DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
DESCRIBE PURPOSE OF MEETING:			
2.	DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
DESCRIBE PURPOSE OF MEETING:			
3.	DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
DESCRIBE PURPOSE OF MEETING:			
4.	DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
DESCRIBE PURPOSE OF MEETING:			

If more space is needed check box and attach additional pages.



## SCHEDULE B – CAMPAIGN CONTRIBUTIONS

**CHECK APPLICABLE REPORTING PERIOD:**

**Q1: Due April 30** (January 1 - March 31)

**Q3: Due October 31** (July 1 - September 30)

**Q2: Due July 31** (April 1 - June 30)

**Q4: Due January 31** (October 1 - December 31)

Year \_\_\_\_\_

**Note:** This form is to report campaign contributions made to any member of the City Council by the lobbying firm/lobbyist during the reporting period.

### CAMPAIGN CONTRIBUTIONS

Disclose all campaign contributions by the lobbying firm/lobbyist during the reporting period.

	DATE	AMOUNT	NAME OF CONTRIBUTION RECIPIENT	NAME OF LOBBYIST
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