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From <u>1</u> To <u>3/3</u>		QUARTERLY DIS		ORT APR 29	
Γotal # of	Pages: 1		n EC-603]	SAN DIEGO,	CALIF.
Check	Box if ar	n Amendment (explain:		SULED FEMOREMEN	
		erminating Status as a Lobbying	Firm (see instructions))	
dentify t	he Firm:				
Schwa	rtz Heide	el Sullivan, LLP	na kárná ir se pilolýchnach a dopovyce munových čistoti Mondanne v try Alabopaka za dopovyce ka kárné 1440. a a)	
Name of	Lobbvina	Firm	San Diego	Telephone Number <u>CA</u>	92101-4200
Business	Address	(Number & Street)	(City)	(State)	(Zip)
Disclosu	re Sched	lules:			
Schedul	e A: Clie	ent Disclosure. You <u>must</u> com	plete Schedule A-1 <u>or</u>	A-2 for each reg	istered client.
		Check box (and attach scheor the reporting period. Check box (do not attach schedule for the reporting	schedule) if the firm has		
YES	NO	You MUST check one box fo			
	V	Schedule B: Activity Expens			
Sandado Na	\checkmark	Schedule C: Candidate Concandidate by any owners, office	cers, and lobbyists of the	e firm during the i	eporting period.
pwintiguithing	\checkmark	Schedule D: Ballot Measure owners, officers, and lobbyists candidate-controlled ballot me	${\sf s}$ of the firm during the ${\sf r}$	butions of \$100 o eporting period to	r more made by a City
Secretarion of the second seco	\checkmark	Schedule E: Fundraising Ac lobbyists of the firm in the am	ount of \$2,000 or more	during the reporti	ng perioa.
	V	Schedule F: Campaign Serv provided by owners, officers,	and lobbyists of the firm	n during the repor	ting period.
Negrotary 1	V	Schedule G: City Contract S officers, and lobbyists of the fi	Services. Paid services irm under a City contrac	s personally provion the report	ded by owners, rting period.
l have be	en autho	VEI	RIFICATION tified above to make this	s verification. I ha	ive exercised

reasonable diligence in the course of reviewing this Quarterly Disclosure Report for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Quarterly Disclosure Report, including all attached schedules, are true, correct, and complete, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on April 28, 2011	at San Diego	
(Date)	(City and State)	
OHO Madakkey	Robin M. Madaffer	Partner
By: (Signature)	(Print Name)	(Title)
1 (0.3/3.3.3)		= = = 000 /5 40/04/

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Name of Lobbying Firm: Schwartz Heidel Su	llivan, LLP	este a label per estructura. Label per estructura de la label per estructura de la label per estructura de label per estructura de la label per estructura d	and the second of the second o	inacht program (- the halles an enement dans (the first or discover)	er energ i despirat distillativa est, serge septembrane a stationale, seegabilitativa and	elaningo mamor historio del como del co
Fill out at a Schedule A-1 for each client for whon Fill out a separate Schedule A-1 for each decision	n the firm had <u>at</u>	: least one lo	obbyin the clie	<u>g contact</u> d ent.	uring the reporti	ng period.

IAME OF CLIENT: Diocese of San Diego	San Diego	CA 92186
lient's Address (Number & Street)	(City)	(State) (Zip)
OTAL COMPENSATION (see instructions) for t Check this box if the firm lobbied for this clier	he reporting period, to the neares	st \$1,000: \$3,000 he reporting period.
JNICIPAL DECISION (BE SPECIFIC): St. Pa	aul's Cathedral parking lot c	ondemnation.
Outcome Sought: St. Paul's Cathedral p	parking lot condemnation.	
Name of each Lobbyist in the firm who lobbic	ed City Officials regarding this mu	inicipal decision:
Robin Madaffer		
	which provides the research	
	Wernschauser (of ministered the ministered to th	
C. Name and Department of each City Official l	- , , , , , , , , ,	
Name: Jeff Graham	\sim	and the second of the second o
Name: David Allsbrook		
Name:	Comment of the Commen	
Name:	Appropriate April 1999 (Vanishanina) COO (April 1998)	
Name:	- And Andrews and the Control of Control	
Name:	www.com/cd/PP-09-05-07-08-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
Name:	The second secon	
Name:	The process of the pr	
Name:	Accordado Anti-Recubión (1999 Sept presentes a Biologia	
Name:	and the same of th	
Name:	Constitution of the Consti	
Name:		
omments:		

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had <u>at least one lobbying contact</u> during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Kilroy Realty	Telephone	No.	programme and the state of the
INDITIE OF VEHICLE	San Diego	CA	92130
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the report	ting period, to the nearest	\$1,000: \$	
Check this box if the firm lobbied for this client on a c	ontingency basis during the	e reporting perio	od.
	ьсь или этом потом не над Изветом, и подвета задачить поможно потом на надачить под транстаний у под надачить потом надачить на надачить на		
MUNICIPAL DECISION (BE SPECIFIC): SCR under I	⊃D 40.0315 and impro	vement agree	ement for
property south of SR-56 and west of Camino R	uiz.		
Approval of SCR under PD 4		nent agreeme	nt for
property south of SR-56 and west of Camino R			
City C		icipal decision:	AMADANIC (PRI) (Private Private Privat
B. Name of each Lobbyist in the firm who lobbled City C Robin Madaffer	Amorato regarding time man		man think 1982 personance and short Michigan man, 4 to 1 september 4 think programmed by the second state of the second state
1 (ODIT INCIDENT)	digense andre distribution deleteration of the second seco		
	September 10 at 2010 to the control of the control	ту (ден се подположения в в формација на подположения на под в до подположения в в в в в подположения в в в в	
		og Carpenname in v. Schill Statistics (1874) grenneständig (1874) en generale ville (1874) en generale ville (reactions (1974) - partie partie lands de S ouver c ourse le princip e d'albumble (1974 et la 29 mars
C. Name and Department of each City Official lobbied:	Department: DSD		
Name: Kelly Broughton	Department: Commur	nity & Legisla	tive Svcs
Name: David Graham	Department: City Atto		
Name: Heidi VonBlum Name: Tom Tomlinson	م مالنا م		
Name:	× .		
	Department:		
Name:	·	normalistic springer (normalistic springer) (normalistic springer) (normalistic springer) (normalistic springer)	
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Name:		NOTIFICATION OF THE PROPERTY O	
Name:		op agent with the self-self-self-self-self-self-self-self-	Parket and the second s
TYGHTO.	•		
Comments:			
If more space is needed, check box and attach contin		- diametra nomo	an agah

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Oliver McMillan		Telephone No.: (,		
*		San Diego	CONTRACTOR	92101
lie	ent's Address (Number & Street)	(City)	(State)	(Zip)
·O.	TAL COMPENSATION (see instructions) for the re	eporting period, to the neares	t \$1,000: \$ <u>7,0</u>	000
	Check this box if the firm lobbied for this client on	a contingency basis during the	he reporting per	iod.
ONLINE TO		anter de genéralisabilités de l'antique de l	nggyddol Gymraeth y gy Gymraeth y gymraeth y	
	NICIPAL DECISION (BE SPECIFIC): Land use	entitlements for Hazard	Center in Mi	ssion Valley
ЛО	NICIPAL DECISION (BL SI LOI 19)	MANAGEMENT AND THE STATE OF THE		
	Outcome Sought: Approval of land use entit	lements.		
٩.	Outcome Sought: Approver or large states		garand MCAV (Cycles and minerical days (1995) (Cycles (1994) Allega are managed of plants to make	and the second s
	Name of each Lobbyist in the firm who lobbied Ci	ty Officials regarding this mu	nicipal decision	
B.	Robin Madaffer	ty Omotorogenesing	t	
	TODIII Wadanei	oppose della		
	TODIII Waddings			
C.	Name and Department of each City Official lobbic	ed:	ınity & Legisla	ative Svcs.
C.	Name and Department of each City Official lobbid	Department: Commu		ative Svcs.
Э.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson	Department: Commu Department: Plannin		ative Svcs.
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham	Department: Commu Department: Plannin Department: Mayor	g	
C.	Name and Department of each City Official lobbic Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name:	Department: Commu Department: Plannin Department: Mayor Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name:	Department: Commu Department: Plannin Department: Mayor Department: Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name: Name: Name:	Department: Commu Department: Plannin Department: Mayor Department: Department: Department: Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name: N	Department: Commu Department: Plannin Department: Mayor Department: Department: Department: Department: Department:	g	
C.	Name and Department of each City Official lobbid Name: Name: Bill Anderson Name: David Graham Name: N	Department: Commu Department: Plannin Department: Mayor Department: Department: Department: Department: Department: Department: Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name: N	Department: Commu Department: Plannin Department: Mayor Department: Department: Department: Department: Department: Department: Department: Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name: N	Department: Commu Department: Plannin Department: Mayor Department:	g	
C.	Name and Department of each City Official lobbid Name: Jaymie Bradford Name: Bill Anderson Name: David Graham Name: N	Department: Commu Department: Plannin Department: Mayor Department:	g	

If more space is needed, check box and attach continuation sheet(s). Identify the client's name on each continuation sheet (but do not repeat client's address or compensation information).

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Protea Holdings, LLC	Telephone No.:
Client's Address (Number & Street)	<u>La Jolla</u> <u>CA</u> <u>92037-1808</u> (City) (Zip)
TOTAL COMPENSATION (see instructions) for the repo	orting period, to the nearest \$1,000: \$_11,000.00
Check this box if the firm lobbied for this client on a	contingency basis during the reporting period.
	PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION
MUNICIPAL DECISION (BE SPECIFIC): Coastal dev	velopment permit, lot line adjustment and
easement vacation; EIR certification.	
A. Outcome Sought: Approval of land use entitle	ments.
B. Name of each Lobbyist in the firm who lobbied City	Officials regarding this municipal decision:
Robin Madaffer	
C. Name and Department of each City Official lobbied:	Community 8 Logislative Sycs
Name: David Graham	Department: Community & Legislative Svcs
Name: David Graham Name: Kelly Broughton	Department: Community & Legislative Svcs Department: Dev Svcs - Administration
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: City Attorney
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: City Attorney Department: Dev Svcs - Administration
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: City Attorney Department: Dev Svcs - Administration Department: Community & Legislative Svcs
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson Name: Tom Tomlinson	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing Department: DSD
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson Name: Tom Tomlinson Name: Mike Westlake Name:	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing Department: DSD Department: DSD
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson Name: Tom Tomlinson Name: Mike Westlake Name: Name: Name:	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing Department: Departme
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson Name: Tom Tomlinson Name: Mike Westlake Name:	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing Department: Department: Department: Department: Department: Department: Department:
Name: David Graham Name: Kelly Broughton Name: Andrea Dixon Name: Cecilia Gallardo Name: Julie Dubick Name: Bill Anderson Name: Tom Tomlinson Name: Mike Westlake Name: Name: Name:	Department: Community & Legislative Svcs Department: Dev Svcs - Administration Department: Dev Svcs - Administration Department: Community & Legislative Svcs Department: CPCI Department: Facilities Financing Department: Departme

If more space is needed, check box and attach continuation sheet(s). Identify the client's name on each continuation sheet (but do not repeat client's address or compensation information).

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Elizabeth Rabbitt	Telephone N	lo.:)
	San Diego	CA	92130
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the report	ting period, to the nearest \$1	1,000: \$ <u>3,0</u>	000
Check this box if the firm lobbied for this client on a c	ontingency basis during the	reporting per	riod.
		an agricultural salari san alkanda an an ar a salari salari salari salari salari salari salari san an a salari an agricultural salari san alkanda an an ar a salari salari salari salari salari salari salari salari salari s	Voneseelerge/southable dict omgeste english des distributions of the state of the s
MUNICIPAL DECISION (BE SPECIFIC): Code enforc	ement action related to	property Ic	cated at
12516 Del Vino Court.			
A. Outcome Sought: Withdrawal of code enforcer	nent action related to pro	operty loca	ated at
12516 Del Vino Court			
B. Name of each Lobbyist in the firm who lobbied City C Lynne L. Heidel	Officials regarding this munici	pal decision	
Robin Madaffer			each gar mean said high d'a gunnamainn dhuach dia a chui agus n-mahainnin gunn arann mhai
	Wygennedic Fed. 2000 (1) Special reaching the second control of th	and the state of t	nergi alganiga tendengan pengangan ang akah tendengan pengangan kendapan pengangan kendapan pengangan penganga
C. Name and Department of each City Official lobbied:			
Name: Robert Vacchi	Department: Code Com	npliance	namenida etpi katalisi etti papa para yaka di Gabbara katalisi katalisi katalisi katalisi katalisi katalisi ka
Name:	Department:	and the second s	
Name:		March School Sch	gypten an entwicky (18 few System) with a 18 few States (18 few System) (18 fe
Name:	Department:		nganakkhi nggana namakki kin i sapaka ng dan samak m isa dangan nama akakadi T
Name:	Department:		
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Name:			
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Comments:			
If more space is needed, check box and attach contin continuation sheet (but do not repeat client's address	uation sheet(s). Identify the or compensation information	1).	e on each =C-603 (Rev. 12/04/09

Form EC-603 (Rev. 12/04/09)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

Cariora Haalth	The second control of the second seco	
NAME OF CLIENT: Scripps Health	Telephone No San Diego	CA 92121
Client's Address (Number & Street)	(City)	(State) (Zip)
TOTAL COMPENSATION (see instructions) for the repo		
Londung	atitlaments for Scripps Me	emorial Hospital
MUNICIPAL DECISION (BE SPECIFIC): Land use er		Thomas 1100pted
located at 9888 Genesee Avenue in University		alege with related
A. Outcome Sought: Approval of amendments to	community plan, rezone	along with related
land use entitlements for the property.		
B. Name of each Lobbyist in the firm who lobbied City of Lynne L. Heidel	Officials regarding this municip	al decision:
Robin M. Madaffer	Water and the same of the same	
C. Name and Department of each City Official lobbled:	Representative Angeles and Programme in the Section of the Company for the section of the Company in the Compan	
Name: Kelly Broughton	Department: DSD	
Name: Cecilia Gallardo	Department: DSD	
Name:		
Name:	D who a make	
Name:		
Name:	•	
Name:	5	
Name:	Department:	
Name:	Department:	
AND THE PROPERTY OF THE PROPER	enteriors dispersion of 400 Million Comments of the Section of the Comments of	AND
Comments:		
If more space is needed, check box and attach continuation sheet (but do not repeat client's address	nuation sheet(s). Identify the cl or compensation information)	ient's name on each

Form EC-603 (Rev. 12/04/09)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out at a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Robert Whitney	The state of the s	none No.:
	La Jolla	CA 92037 (State) (Zip)
Client's Address (Number & Street)	(City)	(State) (ZIP)
TOTAL COMPENSATION (see instructions) for the repo	rting period, to the near	rest \$1,000: \$ 30,000.00
Check this box if the firm lobbied for this client on a common of the co	contingency basis during	g the reporting period.
Lad Official time south the	MECHANISM AND	урабыным мененин карамунун карамун кара Бакаруу карамун карам
MUNICIPAL DECISION (BE SPECIFIC): Seeking app	proval of land use e	ntitlements for mixed use
project located at 2202-2206 Avenida de la Pla	va in La Jolla.	
Explication of activities of the control of the con		in de André Di Prista Chillege (and a distribute of the surface of the Pristal Children (and the
A. Outcome Sought: Approval.	nde delle 2000 til delse 1920 vermedstid i det med et delse trovis medde proprie med abile i 1920 medde 1930 medde 1930 medde	And the second s
B. Name of each Lobbyist in the firm who lobbied City C	Officials regarding this r	municipal decision:
Lynne L. Heidel		
Robin Madaffer	Approximate and address of the control of the contr	
1	De primario à Print Colon Alorto (Primario del Ser 1 prima del Ser 1 primario del Ser 1 p	en e
C. Name and Department of each City Official lobbied:		
Name: Andrea Dixon		
Name: Mary Jo Lanzafame	Department: City A	Attorney
Name: David Graham	Department: Mayo)*
Name: Amy Benjamin	Department: Mayo	
Name:	Department:	
Name:		
Name:	Department:	
Name:	Department:	
Name:		
Name.	network I	
Comments:		

If more space is needed, check box and attach continuation sheet(s). Identify the client's name on each continuation sheet (but do not repeat client's address or compensation information).

SCHEDULE A-2: CLIENT DISCLOSURE (No Lobbying Contacts) Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP Complete a box for each registered client for whom the Lobbying Firm had no lobbying contacts during the reporting period. NAME OF CLIENT: Westfield, LLC Telephone No.: 92101 San Diego (State) (City) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$_____ NAME OF CLIENT: Phillip Stewart Telephone No.: 78226 San Antonio TX (State) (City) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$_____ NAME OF CLIENT: MGP Properties LLC Telephone No.: 92130-6861 CA San Diego, California (State) (Zip) (City) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$____ NAME OF CLIENT: Hillel of San Diego Telephone No.: ___ 92037 La Jolla (State) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$_____ NAME OF CLIENT: Alliant International University ___ Telephone No.: 92131-1799 San Diego (State) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$_____ NAME OF CLIENT: H.G. Fenton Telephone No.: San Diego (Zip) (State) (Number & Street) Client's Address Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$_____

Comments:

If more space is needed, check box and attach continuation sheet(s).

SCHEDULE B: ACTIVITY EXPENSES

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out a separate entry for EACH activity expense of more than \$10 made by the firm and/or its lobbyists to benefit a City Official, or his or her immediate family, during the reporting period.

Date of activity expense: Amount of activity expense: \$	Message .
Description of expense:	250.004
Name, title, and department of City Official who benefited (or whose immediate family benefited) from the activity expense:	
Name of each lobbyist in the firm who participated in making the activity expense:	
Name and address of the payee of the activity expense:	
Name of the client (if any) on whose behalf the expense was made:	
Date of activity expense: Amount of activity expense: \$	
Description of expense:	
Name, title, and department of City Official who benefited (or whose immediate family benefited) from the activity expense:	
Name of each lobbyist in the firm who participated in making the activity expense:	
Name and address of the payee of the activity expense:	
Name of the client (if any) on whose behalf the expense was made:	
Date of activity expense: Amount of activity expense: \$	
Description of expense:	
Name, title, and department of City Official who benefited (or whose immediate family benefited) from the activity expense:	
Name of each lobbyist in the firm who participated in making the activity expense:	*******
Name and address of the payee of the activity expense:	
Name of the client (if any) on whose behalf the expense was made:	
Comments:	2 www.
JOHN HOLLO	

SCHEDULE C: CAMPAIGN DISCLOSURE - CITY CANDIDATES

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP Fill out a separate entry for EACH contribution made by an owner, compensated officer, or lobbyist of the firm who contributed \$100 or more during the reporting period to a City candidate committee. (Do not use this schedule to report contributions made to a candidate-controlled ballot measure committee; use Schedule D instead.) Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Name of individual making the contribution: Name of candidate supported: Date contribution made: _____ Amount of contribution: \$_____ Comments:

 $oxed{f J}$ If more space is needed, check box and attach continuation sheet(s).

SCHEDULE D: CAMPAIGN DISCLOSURES - CANDIDATE CONTROLLED BALLOT MEASURE COMMITTEES

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP Fill out a separate entry for EACH contribution made by the firm or any of its owners, compensated officers, or lobbyists who contributed \$100 or more during the reporting period to a City ballot measure committee controlled by a City candidate or officeholder. (Do not use this schedule to report contributions made to support a candidate seeking elective office; use Schedule C instead.) Name of firm/person making the contribution: Name of committee: Name of candidate controlling the committee: Date contribution made: _____ Amount of contribution: \$_____ Name of firm/person making the contribution: Name of committee: Name of candidate controlling the committee: Date contribution made: _____ Amount of contribution: \$_____ Name of firm/person making the contribution: Name of committee: Name of candidate controlling the committee: Date contribution made: _____ Amount of contribution: \$_____ Name of firm/person making the contribution: Name of committee: Name of candidate controlling the committee: Date contribution made: _____ Amount of contribution: \$_____ Name of firm/person making the contribution: Name of committee: Name of candidate controlling the committee: Date contribution made: _____ Amount of contribution: \$_____

Comments:

If more space is needed, check box and attach continuation sheet(s).

Form EC-603 (Rev. 12/04/09)

Comments:

If more space is needed, check box and attach continuation sheet(s).

SCHEDULE E: FUNDRAISING ACTIVITIES Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP Fill out a separate entry for EACH instance in the reporting period where an owner, compensated officer, or lobbyist of the firm engaged in fundraising activities (if that individual has reached the \$2,000 threshold): Description of fundraising activity: Name of individual in firm who engaged in fundraising activity: Name of candidate/official benefiting from fundraising: Description of ballot measure (if applicable): Date(s) of fundraising activity: Approximate total amount raised (do not divide by number of persons involved): \$_____ The second of th Description of fundraising activity: Name of individual in firm who engaged in fundraising activity: Name of candidate/official benefiting from fundraising: Description of ballot measure (if applicable): Date(s) of fundraising activity: Approximate total amount raised (do not divide by number of persons involved): \$_____ Description of fundraising activity: Name of individual in firm who engaged in fundraising activity: Name of candidate/official benefiting from fundraising: Description of ballot measure (if applicable): Date(s) of fundraising activity: Approximate total amount raised (do not divide by number of persons involved): \$_____

SCHEDULE F: CAMPAIGN SERVICES

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out a separate entry for EACH owner, compensated officer, or lobbyist of the firm who provided compensated campaign-related services to a candidate or a candidate-controlled committee (including a candidate-controlled ballot measure committee) during the reporting period.

Name of individual who provided campaign-related services:
If services were to a candidate for elective office:
A. Name of candidate:
B. Office sought:
If services were to a ballot measure committee controlled by a candidate:
A. Name of committee:
B. Name of candidate controlling committee:
C. Description of ballot measure:
Description of campaign-related services provided during the period:
Approximate compensation earned for campaign-related services during the
reporting period (for contingency payments not yet earned, state "contingency"): \$
Name of individual who provided campaign-related services:
If services were to a candidate for elective office:
A. Name of candidate:
B. Office sought:
If services were to a ballot measure committee controlled by a candidate:
A. Name of committee:
B. Name of candidate controlling committee:
C. Description of ballot measure:
Description of campaign-related services provided during the period:
Approximate compensation earned for campaign-related services during the reporting period (for contingency payments not yet earned, state "contingency"): \$
Comments:
If more space is needed, check box and attach continuation sheet(s).