

Period Covered:
 From 1/1/11
 To 3/31/11

CITY OF SAN DIEGO
LOBBYING FIRM
QUARTERLY DISCLOSURE REPORT
 [Form EC-603]

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- Check Box if an Amendment (explain: _____)
- Check Box if Terminating Status as a Lobbying Firm (see instructions)

Identify the Firm:

Schwartz Heidel Sullivan, LLP		Telephone Number	
Name of Lobbying Firm			
<u>San Diego</u>		<u>CA</u>	<u>92101-4200</u>
Business Address (Number & Street)	(City)	(State)	(Zip)

Disclosure Schedules:

Schedule A: Client Disclosure. You must complete Schedule A-1 or A-2 for each registered client.

Check box (and attach schedule) if the firm has activity to report on this schedule for the reporting period.

Check box (do not attach schedule) if the firm has no activity to report on this schedule for the reporting period.

YES	NO	You <u>MUST</u> check one box for each of the following schedules.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule B: Activity Expenses. Activity expenses made during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule C: Candidate Contributions. Contributions of \$100 or more made to a City candidate by any owners, officers, and lobbyists of the firm during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule D: Ballot Measure Contributions. Contributions of \$100 or more made by owners, officers, and lobbyists of the firm during the reporting period to a City candidate-controlled ballot measure committee.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule E: Fundraising Activities. Fundraising activities by owners, officers, and lobbyists of the firm in the amount of \$2,000 or more during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule F: Campaign Services. Paid campaign-related services personally provided by owners, officers, and lobbyists of the firm during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule G: City Contract Services. Paid services personally provided by owners, officers, and lobbyists of the firm under a City contract during the reporting period.

VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have 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)

By: Robin M. Madaffer Partner
 (Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Diocese of San Diego</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u>	(City)	<u>CA</u> <u>92186</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>3,000</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): <u>St. Paul's Cathedral parking lot condemnation.</u>	
A. Outcome Sought: <u>St. Paul's Cathedral parking lot condemnation.</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Robin Madaffer</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Jeff Graham</u>	Department: <u>CCDC</u>
Name: <u>David Allsbrook</u>	Department: <u>CCDC</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Kilroy Realty</u>		Telephone No. _____	
Client's Address (Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92130</u>
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ _____			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): SCR under PD 40.0315 and improvement agreement for property south of SR-56 and west of Camino Ruiz.

A. Outcome Sought: Approval of SCR under PD 40.0315 and improvement agreement for property south of SR-56 and west of Camino Ruiz.

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:

Name: <u>Kelly Broughton</u>	Department: <u>DSD</u>
Name: <u>David Graham</u>	Department: <u>Community & Legislative Svcs</u>
Name: <u>Heidi VonBlum</u>	Department: <u>City Attorney</u>
Name: <u>Tom Tomlinson</u>	Department: <u>Facilities Financing</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Oliver McMillan</u>		Telephone No.: <u>() - - - - -</u>	
Client's Address (Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State)	<u>92101</u> (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>7,000</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): <u>Land use entitlements for Hazard Center in Mission Valley.</u>	
A. Outcome Sought: <u>Approval of land use entitlements.</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Robin Madaffer</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Jaymie Bradford</u>	Department: <u>Community & Legislative Svcs.</u>
Name: <u>Bill Anderson</u>	Department: <u>Planning</u>
Name: <u>David Graham</u>	Department: <u>Mayor</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Protea Holdings, LLC</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>La Jolla</u>	(City)	<u>CA</u>
			<u>92037-1808</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>11,000.00</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): Coastal development permit, lot line adjustment and easement vacation; EIR certification.

A. Outcome Sought: Approval of land use entitlements.

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:

Name: <u>David Graham</u>	Department: <u>Community & Legislative Svcs</u>
Name: <u>Kelly Broughton</u>	Department: <u>Dev Svcs - Administration</u>
Name: <u>Andrea Dixon</u>	Department: <u>City Attorney</u>
Name: <u>Cecilia Gallardo</u>	Department: <u>Dev Svcs - Administration</u>
Name: <u>Julie Dubick</u>	Department: <u>Community & Legislative Svcs</u>
Name: <u>Bill Anderson</u>	Department: <u>CPCI</u>
Name: <u>Tom Tomlinson</u>	Department: <u>Facilities Financing</u>
Name: <u>Mike Westlake</u>	Department: <u>DSD</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Elizabeth Rabbitt</u>		Telephone No.: _____) _____	
Client's Address (Number & Street)	<u>San Diego</u>	(City)	<u>CA</u> <u>92130</u> (State) (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>3,000</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): <u>Code enforcement action related to property located at 12516 Del Vino Court.</u>	
A. Outcome Sought: <u>Withdrawal of code enforcement action related to property located at 12516 Del Vino Court</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Lynne L. Heidel</u>	_____
<u>Robin Madaffer</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Robert Vacchi</u>	Department: <u>Code Compliance</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Scripps Health</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u>	(City)	<u>CA</u> <u>92121</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>30,000.00</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): <u>Land use entitlements for Scripps Memorial Hospital located at 9888 Genesee Avenue in University City.</u>	
A. Outcome Sought: <u>Approval of amendments to community plan, rezone along with related land use entitlements for the property.</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Lynne L. Heidel</u>	_____
<u>Robin M. Madaffer</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Kelly Broughton</u>	Department: <u>DSD</u>
Name: <u>Cecilia Gallardo</u>	Department: <u>DSD</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Schwartz Heidel Sullivan, LLP

Fill out 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: <u>Robert Whitney</u>		Telephone No.: _____	
<u>51</u>	<u>La Jolla</u>	<u>CA</u>	<u>92037</u>
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>30,000.00</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (BE SPECIFIC): Seeking approval of land use entitlements for mixed use project located at 2202-2206 Avenida de la Playa in La Jolla.

A. Outcome Sought: Approval.

B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:

<u>Lynne L. Heidel</u>	_____
<u>Robin Madaffer</u>	_____
_____	_____

C. Name and Department of each City Official lobbied:

Name: <u>Andrea Dixon</u>	Department: <u>City Attorney</u>
Name: <u>Mary Jo Lanzafame</u>	Department: <u>City Attorney</u>
Name: <u>David Graham</u>	Department: <u>Mayor</u>
Name: <u>Amy Benjamin</u>	Department: <u>Mayor</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

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: <u>Westfield, LLC</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State)	<u>92101</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: <u>Phillip Stewart</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Antonio</u> (City)	<u>TX</u> (State)	<u>78226</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: <u>MGP Properties LLC</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego, California</u> (City)	<u>CA</u> (State)	<u>92130-6861</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: <u>Hillel of San Diego</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>La Jolla</u> (City)	<u>CA</u> (State)	<u>92037</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: <u>Alliant International University</u>		Telephone No.: <u>?</u>	
Client's Address (Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State)	<u>92131-1799</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: <u>H.G. Fenton</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State)	<u>92108</u> (Zip)
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: \$ _____
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: _____	

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: _____

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

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: _____

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).

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): \$ _____

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): \$ _____

Comments: _____

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

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).