

Period Covered:
From 4/01/2011
To 6/30/2011

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

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Total # of Pages: 3

☐ Check Box if an Amendment (explain: _____)

☐ Check Box if Terminating Status as a Lobbying Firm (see instructions)

Identify the Firm:

Arkan Somo Associates		Telephone Number _____	
Name of Lobbying Firm			
<u>El Cajon</u>		<u>CA</u>	<u>92019</u>
(City)		(State)	(Zip)
Business Address (Number & Street) _____			

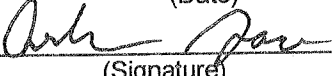
Disclosure Schedules:

Schedule A: Client Disclosure. You <u>must</u> complete Schedule A-1 or A-2 for each registered client.		
<div style="display: flex; align-items: center;"><div style="margin-right: 20px;"><div style="text-align: center;">↓</div><div style="text-align: center;">↓</div></div><div><p>Check box (and attach schedule) if the firm has activity to report on this schedule for the reporting period.</p><p>Check box (do not attach schedule) if the firm has no activity to report on this schedule for the reporting period.</p></div></div>		
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 checked="" type="checkbox"/>	<input 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 July 27, 2011 at San Diego, California
(Date) (City and State)

By:  Arkan Somo President
(Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Arkan Somo Associates

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: Palomar Card Club Telephone _____
Client Address: _____ San Diego CA 92104
(Number & Street) (City) (State) (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 7,500.00

☐ Check this box if the firm lobbied for this client on a contingency basis during the reporting period.

MUNICIPAL DECISION (BE SPECIFIC): Amend Cardroom Regulation in San Diego

Municipal Codes 33.3908; 33.3909; 33.3911

A. Outcome Sought: Approval of the above mentioned Amendments

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

Arkan Somo

C. Name and Department of each City Official lobbied:

Name: <u>Martha Emerald</u>	Department: <u>City Council, District 7</u>
Name: <u>Don Mullen</u>	Department: <u>City Council, District 7</u>
Name: <u>Drew Ector</u>	Department: <u>City Council, District 7</u>
Name: <u>Cynthia Harris</u>	Department: <u>City Council, District 7</u>
Name: <u>Lorraine Zapf</u>	Department: <u>City Council, District 6</u>
Name: <u>Job Nelson</u>	Department: <u>City Council, District 6</u>
Name: <u>Brian Pepin</u>	Department: <u>City Council, District 6</u>
Name: <u>Mathew Donnellan</u>	Department: <u>City Council, District 6</u>
Name: <u>Kevin Smith</u>	Department: <u>City Council, District 8</u>
Name: <u>Rodolfo Lopez</u>	Department: <u>City Council, District 8</u>
Name: <u>Melina Meza</u>	Department: <u>City Council, District 8</u>
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 C: CAMPAIGN DISCLOSURE -- CITY CANDIDATES

Name of Lobbying Firm: Arkan Somo Associates

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: Arkan Somo

Name of candidate supported: Mark Kersey

Date contribution made: 6/23/2011 Amount of contribution: \$ 500.00

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).