

Period Covered:
 From 04-01-2011
 To 06-30-2011

CITY OF SAN DIEGO

LOBBYING FIRM QUARTERLY DISCLOSURE REPORT 1 [Form EC-603]

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Total # of Pages: 26

Check Box if an Amendment (explain: _____)

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

Identify the Firm:

Peterson & Price, APC		Telephone Number _____	
Name of Lobbying Firm			
Business Address (Number & Street)		San Diego	CA 92101
		(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 MUST 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 07/11 at San Diego, California
 (Date) (City and State)

By: [Signature] Matthew A. Peterson Attorney / Partner
 (Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Peterson & Price, APC

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>Ace Parking</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u>	(City)	<u>CA 92101</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>8,000.00</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>Approval of passenger loading zone and valet permit for 1298 Prospect Street</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Erin Demorist</u>	Department: <u>District 1</u>
Name: <u>Gary Pence</u>	Department: <u>City Traffic</u>
Name: <u>Joe LaCara</u>	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: Peterson & Price, APC

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>Ace Parking</u>		Telephone No. _____	
Client's Address (Number & Street)	<u>San Diego</u>	(City)	<u>CA 92101</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 1,000.00</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>None</u>	
A. Outcome Sought: <u>verification that Lunch Truck is ok</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Bob Vacchi</u>	Department: <u>Neighborhood 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: _____
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: Peterson & Price, APC

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>Island Architects</u>		Telephone # _____	
Client's Address (Number & Street)	<u>La Jolla</u>	(City)	<u>CA 92037</u>
			(State) (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,500.00</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>NCCD</u>	

A. Outcome Sought: <u>Correct violation</u>	

B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Cecilia Gallardo</u>	Department: <u>Entitlement</u>
Name: <u>Duke Fernandez</u>	Department: <u>Neighborhood Code Compliance</u>
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: Peterson & Prices, APC

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>Alexander Zirpolo</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Encinitas</u>	(City)	<u>CA 92024</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>10,000.00</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (<u>BE SPECIFIC</u>): <u>NCCD resolution of case issues - Farmers Market</u>	
A. Outcome Sought: <u>Resolution</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Sandra Teasley</u>	Department: <u>Entitlement</u>
Name: <u>Ann Gonsalves</u>	Department: <u>Building Construction & Safety</u>
Name: <u>Jan Goldsmith</u>	Department: <u>City Attorney</u>
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: Peterson & Price, APC

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>Salvation Army</u>		Telephone No.: <u>(---) --------</u>	
Client's Address	(Number & Street)	City	State Zip
	<u>Long Beach</u>	<u>CA</u>	<u>90802</u>
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 1,000.00</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>1015 West 12th Street, NCCD</u>	
A. Outcome Sought: <u>Demolition Permit, resolution of NCCD case</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Cathy Winterrowd</u>	Department: <u>DSD Historic</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: _____
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: Peterson & Price, APC

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>Mark & Mina Kooklani</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>La Jolla</u>	(City)	<u>CA 92037</u>
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>3,000.00</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>Substantial conformance review</u>	
A. Outcome Sought: <u>Approval of SCR</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Jeff Peterson</u>	Department: <u>Entitlement</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: Peterson & Price, APC

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>Tim & Barbara Houlton</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u>	CA	92167
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,000.00</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>Neighbor CDP, SDP for Wedding Deck</u>	
A. Outcome Sought: <u>Denial</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Bob Vacchi</u>	Department: <u>Neighborhood 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: Peterson & Price, APC

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>David Mehl</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Tucson</u>	(State)	<u>AZ 85718</u>
		(City)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,000.00</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>CDP for New Home</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Morris Dye</u>	Department: <u>Entitlement</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: Peterson & Price, APC

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>Willard Romney</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Wellesy Hills</u>	(State)	<u>MA 02481</u>
	(City)		(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,500.00</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>Approval of CDP for Demo of existing and building of New Home 311 Dunemere</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Michelle Sokolowski</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: _____

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: Peterson & Price, APC

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>Dudley Ventures</u>		Telephone _____	
Client's Address (Number & Street) _____		Phoenix	AZ
		(City)	85004
		(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>2,000.00</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>SEDC re: Zone & Permits for mixed use</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: _____	Department: _____
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: Peterson & Price, APC

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>Darwin Deason</u>		Telephone No. _____	
City: <u>Dallas</u>		State: <u>TX</u>	Zip: <u>75225</u>
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 5,000.00</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>1). 1900 Spindrift, NDP for New Driveway</u>	
<u>2). 1912 Spindrift, CDP & SDP</u>	
A. Outcome Sought: <u>1). NDP Approval</u>	
<u>2). Approval of CDP & SDP</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Glen Gargas</u>	Department: <u>DSD</u>
Name: <u>Chis Larson</u>	Department: <u>DSD</u>
Name: <u>Cecilia Gallardo</u>	Department: <u>Entitlement</u>
Name: <u>Myra Hermann</u>	Department: <u>Entitlement</u>
Name: <u>Joe LaCara</u>	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: Peterson & Price, APC

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>Russell Avery</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Sherman Oaks</u>	(State)	<u>CA 91423</u>
	(City)		(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 5,000.00</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>4837 Bermuda Ave., 1425 & 1421 Ocean Front Seawall</u>	
<u>Permits CDP for sculpted seawalls and removal of RIP RAP to make sandy beach bigger</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Cecilia Gallardo</u>	Department: <u>Entitlement</u>
Name: <u>Patrick Hooper</u>	Department: <u>DSD</u>
Name: <u>Chris Larson</u>	Department: <u>DSD</u>
Name: <u>Jeff Szynanski</u>	Department: <u>Entitlement</u>
Name: <u>Bob Vacchi</u>	Department: <u>Neighborhood Code Compliance</u>
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: Peterson & Price, APC

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>Gus & Angela Schuetz</u>		Telephone No _____	
Client's Address (Number & Street)	<u>La Jolla</u>	(City)	<u>CA</u> <u>92037</u> (State) (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 2,000.00</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>Issuance of storm drain repair and grading permit for slope failure</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision: <u>Matthew A. Peterson</u>	
C. Name and Department of each City Official lobbied:	
Name: <u>Jeanette Temple</u>	Department: <u>Entitlement</u>
Name: <u>Jim Quinn</u>	Department: <u>Building Construction & Safety</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: Peterson & Price, APC

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>1907 Columbia Street LLC</u>	Telephone No	_____
Client's Address (number & Street) _____	<u>San Diego</u>	<u>CA</u> <u>92101</u>
	(City)	(State) (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>2,000.00</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>Condo conversion Map Waiver</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Lucy Contreras</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: _____

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: Peterson & Price, APC

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>Westport Capital Partners LLC</u>		Telephone No _____	
_____		<u>El Segundo</u>	<u>CA</u>
Client's Address (Number & Street)	(City)	(State)	(Zip) <u>90245</u>
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>2,000.00</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>Hotel La Jolla Remodel</u>	

A. Outcome Sought: <u>Approval</u>	

B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Gary Geiler</u>	Department: <u>Entitlement</u>
Name: <u>Chris Larson</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: Peterson & Price, APC

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>Jacques Templin</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>La Jolla</u>	<u>CA</u>	<u>92037</u>
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,000.00</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>NCCD Neighbor Encroachments into Alley</u>	
A. Outcome Sought: <u>Removal</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Duke Fernandez</u>	Department: <u>Neighborhood 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: Peterson & Price, APC

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>Sotal Ocotillo Inc.</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>La Mesa</u>	CA	91941
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>2,500.00</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>San Ysidro redevelopment - Rezone or Redevelopment</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Matthew A. Peterson</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
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-2: CLIENT DISCLOSURE (No Lobbying Contacts)

Name of Lobbying Firm: Peterson & Price, APC

Complete a box for each registered client for whom the Lobbying Firm had no lobbying contacts during the reporting period.

NAME OF CLIENT: <u>Atlas Hotels, Inc and Town & Country</u>		Telephone No		
Client's Address	<u>San Diego</u>	(City)	<u>CA</u>	<u>92108</u>
(Number & Street)			(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>				

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

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

NAME OF CLIENT: <u>Ken Cornell</u>		Telephone No		
Client's Address	<u>San Diego</u>	(City)	<u>CA</u>	<u>92169</u>
(Number & Street)			(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>				

NAME OF CLIENT: <u>Costco Wholesale</u>		Telephone No		
Client's Address	<u>Issaquah</u>	(City)	<u>WA</u>	<u>98027</u>
(Number & Street)			(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>				

NAME OF CLIENT: <u>Fashion Valley Shopping Center</u>		Telephone No		
Client's Address	<u>San Diego</u>	(City)	<u>CA</u>	<u>92108</u>
(Number & Street)			(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>				

Comments: _____

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

SCHEDULE A-2: CLIENT DISCLOSURE (No Lobbying Contacts)

Name of Lobbying Firm: Peterson & Price, APC

Complete a box for each registered client for whom the Lobbying Firm had no lobbying contacts during the reporting period.

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

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

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

NAME OF CLIENT: <u>Larry McDaniel</u>		Telephone No. _____	
Client's Address (Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92116</u>
	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>			

NAME OF CLIENT: <u>John Miller</u>		Telephone No. _____	
Client's Address (Number & Street)	<u>Salt Lake City</u>	<u>UT</u>	<u>84111</u>
	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>1,000</u>			

NAME OF CLIENT: _____		Telephone No.: _____	
Client's Address (Number & Street)	_____	_____	_____
	(City)	(State)	(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: Peterson & Price, APC

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: Peterson & Price, APC

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: Peterson & Price, APC

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: Peterson & Price, APC

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: Peterson & Price, APC

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).

SCHEDULE G: CITY CONTRACT SERVICES

Name of Lobbying Firm: Peterson & Price, APC

Fill out a separate entry for EACH owner, compensated officer, or lobbyist of the firm who provided compensated services under a contract with the City of San Diego during the reporting period.

Name of individual who provided contract services: _____

Name of department, agency, or board for which the services were provided: _____

Approximate amount of compensation earned during the reporting period: \$ _____

Description of services provided: _____

Name of individual who provided contract services: _____

Name of department, agency, or board for which the services were provided: _____

Approximate amount of compensation earned during the reporting period: \$ _____

Description of services provided: _____

Name of individual who provided contract services: _____

Name of department, agency, or board for which the services were provided: _____

Approximate amount of compensation earned during the reporting period: \$ _____

Description of services provided: _____

Name of individual who provided contract services: _____

Name of department, agency, or board for which the services were provided: _____

Approximate amount of compensation earned during the reporting period: \$ _____

Description of services provided: _____

Name of individual who provided contract services: _____

Name of department, agency, or board for which the services were provided: _____

Approximate amount of compensation earned during the reporting period: \$ _____

Description of services provided: _____

Comments: _____

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