

Period Covered:

From 7/1/2011

To 9/30/2011

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:

California Strategies & Advocacy, LLC

Name of Lobbying Firm

Telephone Number

Business Address (Number & Street) San Diego (City) CA (State) 92106 (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 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 checked="" type="checkbox"/>	<input 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 10/27/11 at San Diego, California
(Date) (City and State)

By: [Signature] Benjamin A. Haddad Principal
(Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: California Strategies & Advocacy, LLC

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: Aladdin Developers Telephone No. _____
Los Angeles CA 90069
Client's Address (Number & Street) (City) (State) (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 5,000.00

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

MUNICIPAL DECISION (BE SPECIFIC): Implementation of the Quiet Zone so as not to impact Aladdin's access and operations.

A. Outcome Sought: To mitigate negative impacts that the Quiet Zone ordinance may have on parking and shuttle services.

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

Craig Benedetto

Benjamin Haddad

C. Name and Department of each City Official lobbied:

Name: Kevin Faulconer

Department: City Council, District 2

Name: Thyme Curtis

Department: City Council, District 2

Name: Afshin Oskuna

Department: Engineering & Capital Projects

Name: Jaymie Bradford

Department: Mayor's Office

Name: Linda Marabian

Department: Transportation Engineering Ops

Name: Duncan Hughes

Department: Transportation Engineering Ops

Name: Gary Pence

Department: Transportation Engineering Ops

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: California Strategies & Advocacy, LLC

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>Capital Power Corporation</u>		Telephone No.: _____	
Client's Address	(Number & Street)	<u>Edmonton</u>	<u>AB T5J2Z1</u>
		(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>City Council Approval of long-term ground lease, per RFP 10007363-10-W</u>	
A. Outcome Sought: <u>Long-term lease enabling development of a power plant, per RFP 10007363-10-W</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Craig Benedetto</u>	<u>Benjamin Haddad</u>
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Julie Dubick</u>	Department: <u>Mayor's Office</u>
Name: <u>Russ Gibbons</u>	Department: <u>Mayor's Office</u>
Name: <u>David Graham</u>	Department: <u>Mayor's Office</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: California Strategies & Advocacy, LLC

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: Enterprise Rent-A-Car Telephone No.: _____

Client's Address (Number & Street) Gardena (City) CA 92048 (State) (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 3,500.00

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

MUNICIPAL DECISION (BE SPECIFIC): General concern over tax policies that may impact rental car transactions

A. Outcome Sought: Maintenance of rental car fees/tax at current rates

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

Craig Benedetto

Benjamin Haddad

C. Name and Department of each City Official lobbied:

Name: Tony Young

Department: City Council, District 4

Name: Jerry Sanders

Department: Mayor

Name: Jay Goldstone

Department: Mayor's Office

Name: David Graham

Department: Mayor's Office

Name: Kevin Faulconer

Department: City Council, District 2

Name: Katie Hansen

Department: City Council, District 2

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: California Strategies & Advocacy, LLC

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: Rural/Metro San Diego

Telephone No.: _____

Client's Address (Number & Street) _____
San Diego (City) CA 92108 (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): Work to enhance the reputation of the company and maintain the current contract with the City of San Diego to provide ambulance services.

A. Outcome Sought: Maintain the current contract with the City of San Diego to provide ambulance services.

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

Craig Benedetto

Benjamin Haddad

C. Name and Department of each City Official lobbied:

Name: Jerry Sanders

Department: Mayor

Name: Jay Goldstone

Department: Mayor's Office

Name: Victoria Joes

Department: Mayor's Office

Name: Kevin Faulconer

Department: City Council, District 2

Name: Matt Awbrey

Department: City Council, District 2

Name: Thyme Curtis

Department: City Council, District 2

Name: David Alvarez

Department: City Council, District 8

Name: Travis Knowles

Department: City Council, District 8

Name: Kevin Smith

Department: City Council, District 8

Name: Todd Gloria

Department: City Council, District 3

Name: Jamie Fox

Department: City Council, District 3

Name: Marti Emerald

Department: City Council, District 7

Comments: Page 1 of 2 for Rural/Metro San Diego

☒ 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: California Strategies & Advocacy, LLC

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: Rural/Metro San Diego Telephone No.: _____

Client's Address (Number & Street) San Diego (City) CA (State) 92108 (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): Work to enhance the reputation of the company and maintain the current contract with the City of San Diego to provide ambulance services.

A. Outcome Sought: Maintain the current contract with the City of San Diego to provide ambulance services.

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

Craig Benedetto

Benjamin Haddad

C. Name and Department of each City Official lobbied:

Name: Marisa Berumen

Department: City Council, District 7

Name: Drew Ector

Department: City Council, District 7

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

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Department: _____

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Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Comments: Page 2 of 2 for Rural Metro San Diego

☐ 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: California Strategies & Advocacy, LLC

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: Scripps Health Telephone No.: _____
San Diego CA 92123
Client's Address (Number & Street) (City) (State) (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 2,000.00

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

MUNICIPAL DECISION (BE SPECIFIC): Hospital operation issues in San Diego

A. Outcome Sought: Support of hospital operation in the City of San Diego

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

Craig Benedetto

C. Name and Department of each City Official lobbied:

Name: Sherri Lightner Department: City Council, District 1

Name: Maureen Kantner Department: City Council, District 1

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: California Strategies & Advocacy, LLC

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: Solar Turbines Incorporated Telephone No.: 1
San Diego CA 92101
Client's Address (Number & Street) (City) (State) (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 3,000.00

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

MUNICIPAL DECISION (BE SPECIFIC): Oppose approval of residential development in close proximity to client's manufacturing facilities.

A. Outcome Sought: Denial of permits that would allow residential development at the corner of Pacific Highway and Hawthorne Street.

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

Benjamin Haddad

Craig Benedetto

C. Name and Department of each City Official lobbied:

Name: David Graham

Department: Mayor's Office

Name: David Alvarez

Department: City Council, District 8

Name: Todd Gloria

Department: City Council, District 3

Name: Jimmie Slack

Department: City Council, District 4

Name: Jerry Sanders

Department: Mayor

Name: Sherri Lightner

Department: City Council, District 1

Name: Marti Emerald

Department: City Council, District 7

Name: Marisa Berumen

Department: City Council, District 7

Name: Carl DeMaio

Department: City Council, District 5

Name: Bill Shaw

Department: CCDC

Name: Cynthia Morgan

Department: CCDC

Name: Frank Alessi

Department: CCDC

Comments: Page 1 of 2, of Solar Turbines Incorporated

☒ 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: California Strategies & Advocacy, LLC

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>Solar Turbines Incorporated</u>		Telephone No. _____	
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>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>Oppose approval of residential development in close proximity to client's manufacturing facilities.</u>	
A. Outcome Sought: <u>Denial of permits that would allow residential development at the corner of Pacific Highway and Hawthorne Street.</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Benjamin Haddad</u>	<u>Craig Benedetto</u>
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Brad Richter</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: Page 2 of 2, of Solar Turbines Incorporated

☐ 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: California Strategies & Advocacy, LLC

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

NAME OF CLIENT: BOMA San Diego Telephone No.: _____

San Diego CA 92112
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

NAME OF CLIENT: Bridgepoint Education Telephone No.: _____

San Diego CA 92128
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

NAME OF CLIENT: NAIOP San Diego Telephone No.: _____

Del Mar CA 92014
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

NAME OF CLIENT: Hubbs SeaWorld Research Institute Telephone No.: _____

San Diego CA 92109
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

NAME OF CLIENT: San Diego Regional Airport Authority Telephone No.: _____

San Diego CA 92138
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

NAME OF CLIENT: MACTEC Telephone No.: _____

San Diego CA 92123
Client's Address (Number & Street) (City) (State) (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ zero

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: California Strategies & Advocacy, LLC

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

NAME OF CLIENT:	<u>Auto Return TEGSCO</u>	Telephone No.:		
Client's Address	<u>San Francisco</u>	<u>CA</u>	<u>94103</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</u>				

NAME OF CLIENT:	<u>Fairbanks Ranch</u>	Telephone No.:		
Client's Address	<u>San Diego</u>	<u>CA</u>	<u>92067</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</u>				

NAME OF CLIENT:	<u>Inspired Development</u>	Telephone No.:		
Client's Address	<u>Chicago</u>	<u>IL</u>	<u>60646</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</u>				

NAME OF CLIENT:	<u>San Diego County Apartment Association</u>	Telephone No.:		
Client's Address	<u>San Diego</u>	<u>CA</u>	<u>92123</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</u>				

NAME OF CLIENT:	<u>Tierra Verde Industries</u>	Telephone No.:		
Client's Address	<u>Irvine</u>	<u>CA</u>	<u>92618</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</u>				

NAME OF CLIENT:	<u>Oracle USA</u>	Telephone No.:		
Client's Address	<u>San Rafael</u>	<u>CA</u>	<u>94901</u>	
(Number & Street)	(City)	(State)	(Zip)	
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>zero</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: California Strategies & Advocacy, LLC

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

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

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): \$ _____			

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): \$ _____			

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): \$ _____			

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 C: CAMPAIGN DISCLOSURE – CITY CANDIDATES

Name of Lobbying Firm: California Strategies & Advocacy, LLC

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: Ben Haddad

Name of candidate supported: Jan Goldsmith

Date contribution made: 9/23/2011 Amount of contribution: \$500.00

Name of individual making the contribution: Craig Benedetto

Name of candidate supported: Jan Goldsmith

Date contribution made: 9/23/2011 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: \$ _____

Comments: _____

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

SCHEDULE E: FUNDRAISING ACTIVITIES

Name of Lobbying Firm: California Strategies & Advocacy, LLC

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: Nathan Fletcher for Mayor

Name of individual in firm who engaged in fundraising activity: Ben Haddad

Name of candidate/official benefiting from fundraising: Nathan Fletcher

Description of ballot measure (if applicable): n/a

Date(s) of fundraising activity: 8/18/2011

Approximate total amount raised (do not divide by number of persons involved): \$ 2370.00

Description of fundraising activity: Nathan Fletcher for Mayor

Name of individual in firm who engaged in fundraising activity: Craig Benedetto

Name of candidate/official benefiting from fundraising: Nathan Fletcher

Description of ballot measure (if applicable): n/a

Date(s) of fundraising activity: 8/18/2011

Approximate total amount raised (do not divide by number of persons involved): \$ 2370.00

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).