

Period Covered:
 From 10/1/2011
 To 12/31/2011

CITY OF SAN DIEGO

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

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Total # of Pages: 9

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

Identify the Firm:

MJE Marketing Services
 Name of Lobbying Firm

San Diego CA 92108
 Business Address (Number & Street) (City) (State) (Zip)

Telephone Number _____

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 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 checked="" type="checkbox"/>	<input 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 January 5, 2011 at San Diego, CA
 (Date) (City and State)

By: Kristen Byrne Kristen Byrne Vice-President
 (Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: MJE Marketing Services

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>Otay Mesa Property Owners Association</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92108</u>
	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 4,000</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>Approval of Otay Mesa Community Plan Update (OMCPU)</u>	

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

B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Susanne Bankhead</u>	_____
_____	_____
_____	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Kelly Broughton</u>	Department: <u>Dev Svcs - Administration</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: MJE Marketing Services

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>Civitas, Inc.</u>		Telephone No _____	
Client's Address (Number & Street) _____		<u>Denver</u>	<u>CO</u> <u>80204</u>
		(City)	(State) (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 40,000</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>Approval of the Plaza de Panama Project</u>	
A. Outcome Sought: <u>Same as above</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Lauren Bogart</u>	_____
<u>Kristen Byrne</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Rachel Laing</u>	Department: <u>Community & Legislative Svcs</u>
Name: <u>Gerald Braun</u>	Department: <u>Community & Legislative Svcs</u>
Name: <u>Stacey Lomedico</u>	Department: <u>Park & Recreation</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: MJE Marketing Services

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

NAME OF CLIENT: <u>Verizon Wireless</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Irvine</u>	(City)	<u>CA</u> <u>92618</u>
		(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): <u>Wireless communication services for the City</u>	
A. Outcome Sought: <u>Approval</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Lauren Bogart</u>	_____
<u>David Nielsen</u>	_____
<u>Susanne Bankhead</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Kelly Broughton</u>	Department: <u>Dev Svcs - Administration</u>
Name: <u>David Alvarez</u>	Department: <u>City Council - District 8</u>
Name: <u>Travis Knowles</u>	Department: <u>City Council - District 8</u>
Name: <u>Bruce Williams</u>	Department: <u>City Council - District 4</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: MJE Marketing Services

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>Verizon Wireless</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Irvine</u> (City)	<u>CA</u> (State)	<u>92618</u> (Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: <u>\$ 18,000</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>Review of City Council wireless communications</u>	
A. Outcome Sought: <u>Modifications to existing policy</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Lauren Bogart</u>	_____
<u>David Nielsen</u>	_____
<u>Susanne Bankhead</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Tony Young</u>	Department: <u>City Council - District 4</u>
Name: <u>Brian Pepin</u>	Department: <u>City Council - District 6</u>
Name: <u>Pamela Ison</u>	Department: <u>Councilmanic Administration</u>
Name: <u>Katherine Hansen</u>	Department: <u>City Council - District 2</u>
Name: <u>Drew Ector</u>	Department: <u>Councilmanic Administration</u>
Name: <u>Kevin Faulconer</u>	Department: <u>City Council - District 2</u>
Name: <u>David Alvarez</u>	Department: <u>City Council - District 8</u>
Name: <u>Travis Knowles</u>	Department: <u>City Council - District 8</u>
Name: <u>Katherine Miles</u>	Department: <u>City Council - District 2</u>
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: MJE Marketing Services

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>Otay Mesa Cost Recovery</u>		Telephone No.: _____	
<u>c/o MJE-</u>	<u>San Diego</u>	<u>CA</u>	<u>92108</u>
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>1,000</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>Seeking reimbursement from City for eligible costs to OMCPU studies</u>	
A. Outcome Sought: <u>Obtaining reimbursement</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision: <u>Susanne Bankhead</u>	
C. Name and Department of each City Official lobbied:	
Name: <u>Charlene Gabriel</u>	Department: <u>City Plan & Comm. Investment</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-2: CLIENT DISCLOSURE (No Lobbying Contacts)

Name of Lobbying Firm: MJE Marketing Services

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

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

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

NAME OF CLIENT: <u>Superior Ready Mix</u>	Telephone No.:		
<u>Escondido</u>	<u>CA</u>	<u>92026</u>	
Client's Address (Number & Street)	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>n/a</u>			

NAME OF CLIENT: <u>Joseph Parker, on behalf of Crown Castle</u>	Telephone No.:		
<u>San Diego</u>	<u>CA</u>	<u>92101</u>	
Client's Address (Number & Street)	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>n/a</u>			

NAME OF CLIENT: <u>Wave House Belmont Park L.L.C.</u>	Telephone No.:		
<u>San Diego</u>	<u>CA</u>	<u>92109</u>	
Client's Address (Number & Street)	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>n/a</u>			

NAME OF CLIENT: <u>San Diego State University</u>	Telephone No.:		
<u>San Diego</u>	<u>CA</u>	<u>92182</u>	
Client's Address (Number & Street)	(City)	(State)	(Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>n/a</u>			

Comments: _____

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

SCHEDULE C: CAMPAIGN DISCLOSURE – CITY CANDIDATES



Name of Lobbying Firm: MJE Marketing Services

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:	<u>Kristen Byrne</u>		
Name of candidate supported:	<u>Todd Gloria</u>		
Date contribution made:	<u>12/1/2011</u>	Amount of contribution:	<u>\$ 250.00</u>

Name of individual making the contribution:	<u>Kristen Byrne</u>		
Name of candidate supported:	<u>Sherri Lightner</u>		
Date contribution made:	<u>12/1/2011</u>	Amount of contribution:	<u>\$ 150.00</u>

Name of individual making the contribution:	<u>Kristen Byrne</u>		
Name of candidate supported:	<u>Marti Emerald</u>		
Date contribution made:	<u>12/1/2011</u>	Amount of contribution:	<u>\$ 150.00</u>

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 G: CITY CONTRACT SERVICES

Name of Lobbying Firm: MJE Marketing Services

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: <u>Marlee J Ehrenfeld</u>
Name of department, agency, or board for which the services were provided: <u>Storm Water Department</u>
Approximate amount of compensation earned during the reporting period: \$ <u>575.00</u>
Description of services provided: <u>Think Blue</u>

Name of individual who provided contract services: <u>Susanne Bankhead</u>
Name of department, agency, or board for which the services were provided: <u>Storm Water Department</u>
Approximate amount of compensation earned during the reporting period: \$ <u>236.00</u>
Description of services provided: <u>Think Blue</u>

Name of individual who provided contract services: <u>Lauren Bogart</u>
Name of department, agency, or board for which the services were provided: <u>Storm Water Department</u>
Approximate amount of compensation earned during the reporting period: \$ <u>382.00</u>
Description of services provided: <u>Think Blue</u>

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).