

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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☐ Check Box if an Amendment (explain: _____)

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

Identify the Firm:

Public Policy Strategies, Inc.		Telephone Number	
Name of Lobbying Firm			
San Diego		CA	92101
Business Address (Number & Street)		(City)	(State) (Zip)

Disclosure Schedules:

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

<input type="checkbox"/>		Check box (and attach schedule) if the firm has activity to report on this schedule for the reporting period.
<input type="checkbox"/>		Check box (do not attach schedule) if the firm has no activity to report on this schedule for the reporting period.
YES	NO	You <u>MUST</u> check one box for each of the following schedules.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule B: Activity Expenses. Activity expenses made during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule C: Candidate Contributions. Contributions of \$100 or more made to a City candidate by any owners, officers, and lobbyists of the firm during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule D: Ballot Measure Contributions. Contributions of \$100 or more made by owners, officers, and lobbyists of the firm during the reporting period to a City candidate-controlled ballot measure committee.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule E: Fundraising Activities. Fundraising activities by owners, officers, and lobbyists of the firm in the amount of \$2,000 or more during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule F: Campaign Services. Paid campaign-related services personally provided by owners, officers, and lobbyists of the firm during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule G: City Contract Services. Paid services personally provided by owners, officers, and lobbyists of the firm under a City contract during the reporting period.

VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have exercised reasonable diligence in the course of reviewing this Quarterly Disclosure Report for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Quarterly Disclosure Report, including all attached schedules, are true, correct, and complete, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on 1/17/12 at San Diego, CA
(Date) (City and State)
By: [Signature] Kim Hale Vice President
(Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Public Policy Strategies, Inc.

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>Carlton Oaks Golf Course</u>		Telephone No. _____	
<u>Santee</u>		<u>CA</u>	<u>92071</u>
Client's Address (Number & Street)	(City)	(State)	(Zip)
TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ <u>7,000.00</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>Purchase of city property.</u>	
A. Outcome Sought: <u>Approval of contract</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:	
<u>Kimberly Hale</u>	_____
<u>Khoa Nguyen</u>	_____
C. Name and Department of each City Official lobbied:	
Name: <u>Thyme Curtis</u>	Department: <u>Council District 2</u>
Name: <u>Jim Barwick</u>	Department: <u>Real Estate Assets</u>
Name: <u>Alejandro Ruiz</u>	Department: <u>Water</u>
Name: <u>Councilmember Sherri Lightner</u>	Department: <u>Council District 1</u>
Name: <u>Councilmember Todd Gloria</u>	Department: <u>Council District 3</u>
Name: <u>Jay Goldstone</u>	Department: <u>Mayor's Office</u>
Name: <u>Don Mullen</u>	Department: <u>Council District 7</u>
Name: <u>Councilmember Marti Emerald</u>	Department: <u>Council District 7</u>
Name: <u>Mary Ann Wallace</u>	Department: <u>Council District 7</u>
Name: <u>Jamie Fox</u>	Department: <u>Council District 2</u>
Name: <u>Aimee Faucett</u>	Department: <u>Mayor's Office</u>
Name: <u>Katie Hansen</u>	Department: <u>Council District 2</u>

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: Public Policy Strategies, Inc.

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: Carlton Oaks Golf Course Telephone No.: _____

Client's Address (Number & Street) _____ (City) _____ (State) _____ (Zip) _____

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

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

MUNICIPAL DECISION (BE SPECIFIC): _____

A. Outcome Sought: _____

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

C. Name and Department of each City Official lobbied:

Name: Councilmember Lori Zapf Department: Council District 6

Name: Mary Carlson Department: Real Estate Assets

Name: Deanna Jurado-Sainz Department: Councilmanic Administration

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: Public Policy Strategies, Inc.

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: GLJ Partners

Telephone No. _____

Client's Address (Number & Street) _____

Carlsbad

(City)

CA

(State)

92008

(Zip)

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

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

MUNICIPAL DECISION (BE SPECIFIC): Centre City Coastal Development Permit

A. Outcome Sought: Approval of permit

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

Kimberly Hale

C. Name and Department of each City Official lobbied:

Name: David Graham

Department: Mayor's Office

Name: Julie Dubick

Department: Mayor's Office

Name: Aimee Faucett

Department: Mayor's Office

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

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Department: _____

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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: Public Policy Strategies, Inc.

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: San Diego Police Officers Association Telephone No.: _____

Client's Address (Number & Street) San Diego (City) CA (State) 92111 (Zip)

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 4,000.00

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

MUNICIPAL DECISION (BE SPECIFIC): City considerations regarding Police Department matters, activities and issues.

A. Outcome Sought: Monitor

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

Kimberly Hale

C. Name and Department of each City Official lobbied:

Name: Council President Tony Young

Department: Council District 4

Name: Jay Goldstone

Department: Mayor's Office

Name: Councilmember David Alvarez

Department: Council District 8

Name: Aimee Faucett

Department: Mayor's Office

Name: Job Nelson

Department: Mayor's Office

Name: Julie Dubick

Department: Mayor's Office

Name: Councilmember Sherri Lightner

Department: Council District 1

Name: Katie Hansen

Department: Council District 2

Name: Mel Millstein

Department: Council District 1

Name: Councilmember Todd Gloria

Department: Council District 3

Name: Councilmember Marti Emerald

Department: Council District 7

Name: Jamie Fox

Department: Council District 3

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: Public Policy Strategies, Inc.

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: San Diego State University Telephone No.: { _____

Client's Address (Number & Street) San Diego (City) CA (State) 92182 (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): City decisions affecting SDSU

A. Outcome Sought: Monitor

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

Kimberly Hale

C. Name and Department of each City Official lobbied:

Name: David Graham

Department: Mayor's Office

Name: Julie Dubick

Department: Mayor's Office

Name: Aimee Faucett

Department: Mayor's Office

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

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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: Public Policy Strategies, Inc.

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: Sophia Hotel

Telephone No.: _____

Client's Address (Number & Street) _____ San Diego _____ CA 92101
(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): Change to SANDAG/MTS bus station plan

A. Outcome Sought: Approval

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

Phil Rath

Khoa Nguyen

C. Name and Department of each City Official lobbied:

Name: Council President Tony Young

Department: Council District 4

Name: Jay Goldstone

Department: Mayor's Office

Name: Councilmember Todd Gloria

Department: Council District 3

Name: Victoria Joes

Department: Community & Legislative Svcs

Name: Councilmember Kevin Faulconer

Department: Council District 2

Name: Liezl Mangonon

Department: Council District 4

Name: Thyme Curtis

Department: Council District 3

Name: Katie Hansen

Department: Council District 2

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: Public Policy Strategies, Inc.

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

NAME OF CLIENT: <u>Granite Construction Company</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Indio</u> (City)	<u>CA</u> (State)	<u>92203</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

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

NAME OF CLIENT: <u>Element Power</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Portland</u> (City)	<u>OR</u> (State)	<u>97204</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

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

NAME OF CLIENT: <u>San Diego Data Processing Corporation</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State)	<u>92109</u> (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 D: DELETING CLIENTS & LOBBYISTS (Amendment Only)

Name of Lobbying Firm: Public Policy Strategies, Inc.

DELETING CLIENTS

Identify in the spaces below the names of any clients previously registered this calendar year for whom you are no longer providing lobbying services, and for whom you do not anticipate providing such services later in the year (be sure to check the "amendment" box on the cover sheet):

<u>Former Client Names</u>	
Element Power	
Authorized City Towing	

DELETING LOBBYISTS

Identify in the spaces below the names of any lobbyists previously registered this calendar year who will no longer be lobbying for your firm (be sure to check the "amendment" box on the cover sheet):

<u>Former Lobbyist Names</u>	

Comments: _____

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