

CITY OF SAN DIEGO

LOBBYING FIRM QUARTERLY DISCLOSURE REPORT [Form EC-603]

Period Covered:
 From 01/1/2012
 To 03/31/2012

Total # of Pages: 9

Check Box if an Amendment (explain: _____)

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

Identify the Firm:

<u>Public Policy Strategies Inc.</u>			
Name of Lobbying Firm		Telephone Number	
<u>San Diego</u>		<u>CA</u>	<u>92101</u>
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.

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 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 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 03/31/2012 at San Diego, CA
 (Date) (City and State)

By: _____
 (Signature) Kimberly Hale Miller (Print Name) Vice President (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts) Page 11 of 9

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: Affiliated Computer Services, Inc. Telephone No.: _____

Client's Address (Number & Street) _____ Washington (City) DC (State) 20036 (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 information technology services

A. Outcome Sought: Approval of contract

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: Julie Dubick Department: Mayor's Office

Name: Aimee Faucett Department: Mayor's Office

Name: Jay Goldstone Department: Mayor's Office

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) Page 12 of 9

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: Carlton Oaks Golf Course Telephone No.: _____

Client's Address (Number & Street) _____ Santee _____ CA _____ 92071 _____
 (City) (State) (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): Purchase of city property

A. Outcome Sought: Approval of contract

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

Khoa Nguyen _____

Kimberly Hale _____

C. Name and Department of each City Official lobbied:

Name: <u>Leslie Perkins</u>	Department: <u>Council District 6</u>
Name: <u>Todd Gloria</u>	Department: <u>Council District 3</u>
Name: <u>Sherri Lightner</u>	Department: <u>Council District 1</u>
Name: <u>David Alvarez</u>	Department: <u>Council District 8</u>
Name: <u>Lori Zapf</u>	Department: <u>Council District 6</u>
Name: <u>Diana Jurado-Sainz</u>	Department: <u>Council Asministration</u>
Name: <u>Julie Dubick</u>	Department: <u>Mayor's Office</u>
Name: <u>Aimee Faucett</u>	Department: <u>Mayor's Office</u>
Name: <u>Jay Goldstone</u>	Department: <u>Mayor's Office</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) Page 13 of 9

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: RoadOne Telephone No.: _____

Client's Address (Number & Street) _____ San Diego _____ CA _____ 92123
 (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): Decisions related to City Tow program

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: Jay Goldstone Department: Mayor's Office

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) Page 14 of 9

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 Police Officers Association Telephone No.: _____

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

TOTAL COMPENSATION (see instructions) for the reporting period, to the nearest \$1,000: \$ 8,000.00

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 policy 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: <u>Venus Molina</u>	Department: <u>Council District 4</u>
Name: <u>Julie Dubick</u>	Department: <u>Mayor's Office</u>
Name: <u>Drew Ector</u>	Department: <u>Council District 7</u>
Name: <u>Kevin Faulconer</u>	Department: <u>Council District 2</u>
Name: <u>Todd Gloria</u>	Department: <u>Council District 3</u>
Name: <u>Jerry Sanders</u>	Department: <u>Mayor's Office</u>
Name: <u>Scott Chadwick</u>	Department: <u>Mayor's Office</u>
Name: <u>Mel Millstein</u>	Department: <u>Council District 1</u>
Name: <u>Sherri Lightner</u>	Department: <u>Council District 1</u>
Name: <u>Travis Knowles</u>	Department: <u>Council District 8</u>
Name: <u>David Alvarez</u>	Department: <u>Council District 8</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) Page 15 of 9

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 Police Officers Association 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): City considerations regarding policy 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:

C. Name and Department of each City Official lobbied:

Name: <u>Job Nelson</u>	Department: <u>Council District 6</u>
Name: <u>Aimee Faucett</u>	Department: <u>Mayor's Office</u>
Name: <u>Tony Young</u>	Department: <u>Council District 4</u>
Name: <u>Marti Emerald</u>	Department: <u>Council District 7</u>
Name: <u>Jamie Fox</u>	Department: <u>Council District 3</u>
Name: <u>Jay Goldstone</u>	Department: <u>Mayor's Office</u>
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) Page 16 of 9

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 _____ CA _____ 92182 _____
 (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): City decisions affcting SDSU

A. Outcome Sought: Monitor

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

Khoa Nguyen _____

Kimberly Hale _____

C. Name and Department of each City Official lobbied:

Name: Julie Dubick Department: Mayor's Office

Name: Aimee Faucett Department: Mayor's Office

Name: Diana Jurado-Sainz Department: Council Asministration

Name: Kelly Broughton Department: City of San Diego Dvlpmnt Services

Name: Marti Emerald Department: Council District 7

Name: David Graham Department: Mayor's Office

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) Page 17 of 9

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: Sofia Hotel Telephone No.: _____

Client's Address (Number & Street) _____ (City) San Diego (State) CA (Zip) 92101

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): 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:

Khoa Nguyen _____

Kimberly Hale _____

Phil Rath _____

C. Name and Department of each City Official lobbied:

Name: <u>Thyme Curtis</u>	Department: <u>Council District 2</u>
Name: <u>Matt Awbry</u>	Department: <u>Council District 2</u>
Name: <u>Katie Hansen</u>	Department: <u>Council District 2</u>
Name: <u>Tony Young</u>	Department: <u>Council District 4</u>
Name: <u>Liezl Mangonon</u>	Department: <u>Council District 4</u>
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 E: FUNDRAISING ACTIVITIES

Name of Lobbying Firm: Public Policy Strategies Inc.

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):

<p>Description of fundraising activity: <u>Co-hosted a fundraiser</u></p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: <u>Kimberly Hale</u></p> <p>Name of candidate/official benefiting from fundraising: <u>Todd Gloria</u></p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: <u>3/13/2012</u></p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ <u>3,000.00</u></p>
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<p>Description of fundraising activity: _____</p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: _____</p> <p>Name of candidate/official benefiting from fundraising: _____</p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: _____</p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ _____</p>

<p>Description of fundraising activity: _____</p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: _____</p> <p>Name of candidate/official benefiting from fundraising: _____</p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: _____</p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ _____</p>

Comments: _____

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