

Calendar Year  
**2013**

# CITY OF SAN DIEGO

## LOBBYING FIRM REGISTRATION FORM [Form EC-601]

For Official Use Only

E-Filed  
01/15/2013  
15:10:52

Filing ID:  
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Lobbyists Added: \_\_\_\_\_

Clients Added: \_\_\_\_\_

Fees Due: \$ \_\_\_\_\_

Type or Print in Ink. File Original with the City Clerk.

Check Box if an Amendment (explain: \_\_\_\_\_)

Total Number of Pages: 9 (including cover sheet)

### Identify the Firm.

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

**Schedule A: Lobbyist Disclosure.** Complete this schedule by identifying each individual in the firm who has lobbied City Officials within the past 30 days, or is expected to lobby City Officials during the year.

**Schedule B: Client Disclosure.** Complete this schedule by identifying each client for whom the firm provides lobbying services.

**Schedule C: Activities Disclosure.** Complete this schedule if any "Yes" boxes are checked.

Check box if the firm has information to report regarding the applicable activity.  
 Check box if the firm has no information to report regarding the applicable activity.

YES	NO	You <b>MUST</b> check one box for each part of Schedule C.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Part 1: Fundraising Activities.</b> Owners, compensated officers, and lobbyists of the firm who engaged in "fundraising activities" for a current elected City Official within the last two years.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Part 2: Campaign Services.</b> Owners, compensated officers, and lobbyists of the firm who provided compensated campaign services to an elected City Official within the last two years.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Part 3: Contract Services.</b> Owners, compensated officers, and lobbyists of the firm who provided compensated services under a City contract within the last two years.

**Schedule D: Deleting Clients & Lobbyists (Amendment Only).** Complete this schedule if removing clients or lobbyists from your registration (must check the amendment box above).

### VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have reviewed and understand the requirements of the Lobbying Ordinance (San Diego Municipal Code §§ 27.4001-27.4055). I have exercised reasonable diligence in the course of reviewing this Registration Form for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Registration Form, 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 01/08/2013 at San Diego CA  
(Date) (City and State)

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

Email address for a point of contact within the firm (optional): \_\_\_\_\_

**Note: Registration Terminates Every January 5. Annual Re-Registration is Required.**

# SCHEDULE A: LOBBYIST DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

**Identify the Firm's Lobbyists.** List the name of each individual in the firm who has lobbied City Officials within the past 30 days, or is expected to lobby City Officials during the year.

Name of Individual

Name of individual

Kimberly Hale Miller

\_\_\_\_\_

Khoa Nguyen

\_\_\_\_\_

Phil Rath

\_\_\_\_\_

Humberto Peraza (Independent Contractor)

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Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>SDG&amp;E</u>		Telephone No.:	
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u>
		(City)	(State)
Nature and Purpose of Client's Business:		<u>92123</u>	(Zip)
<u>Provider of public utilities</u>			
Specific or General Municipal Decisions (see instructions): <u>City decisions affecting energy policy</u>			
Outcome(s) sought: <u>Monitor decisions related to City energy policy</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			

<b>CLIENT'S NAME:</b> _____		Telephone No.:	
Client's Address	(Number & Street)	(City)	(State)
			(Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			

Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>Turner Construction</u>		Telephone No.:	
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u>
		(City)	(State)
			<u>92121</u>
			(Zip)
Nature and Purpose of Client's Business: <u>General contractor and construction management services</u>			
Specific or General Municipal Decisions (see instructions): <u>Construction of Plaza de Panama Project</u>			
Outcome(s) sought: <u>Completion of Project</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			

<b>CLIENT'S NAME:</b> _____		Telephone No.:	
Client's Address	(Number & Street)	(City)	(State)
			(Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			

Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>American Medical Response Ambulance Service, Inc.</u> Telephone No.: _____			
Client's Address	(Number & Street)	<u>San Diego</u> (City)	<u>CA</u> (State) <u>92123</u> (Zip)
Nature and Purpose of Client's Business: <u>Provider of emergency medical services transportation</u>			
Specific or General Municipal Decisions (see instructions): <u>City of San Diego EMS services</u>			
Outcome(s) sought: <u>Approval of contract</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

<b>CLIENT'S NAME:</b> _____ Telephone No.: _____			
Client's Address	(Number & Street)	(City)	(State) (Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>San Diego State University</u>		Telephone No.: _____		
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92182</u>
		(City)	(State)	(Zip)
Nature and Purpose of Client's Business: <u>Higher education</u>				
Specific or General Municipal Decisions (see instructions): <u>City decisions affecting SDSU</u>				
Outcome(s) sought: <u>Monitor</u>				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				

<b>CLIENT'S NAME:</b> _____		Telephone No.: _____		
Client's Address	(Number & Street)	(City)	(State)	(Zip)
Nature and Purpose of Client's Business: _____				
Specific or General Municipal Decisions (see instructions): _____				
Outcome(s) sought: _____				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				

Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>Sofia Hotel</u>		Telephone No.: _____		
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92101</u>
		(City)	(State)	(Zip)
Nature and Purpose of Client's Business: <u>Hotel</u>				
Specific or General Municipal Decisions (see instructions): <u>Change to SANDAG/MTS bus station plan</u>				
Outcome(s) sought: <u>Approval</u>				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				

<b>CLIENT'S NAME:</b> _____		Telephone No.: _____		
Client's Address	(Number & Street)	(City)	(State)	(Zip)
Nature and Purpose of Client's Business: _____				
Specific or General Municipal Decisions (see instructions): _____				
Outcome(s) sought: _____				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				

Comments: \_\_\_\_\_

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

<b>CLIENT'S NAME:</b> <u>Xerox Business Services, LLC and its Affiliates</u> Telephone No.: _____			
Client's Address	(Number & Street)	<u>Washington</u> (City)	<u>DC</u> (State) <u>20036</u> (Zip)
Nature and Purpose of Client's Business: <u>Provider of information technology services</u>			
Specific or General Municipal Decisions (see instructions): <u>City information technology services</u>			
Outcome(s) sought: <u>Approval of contracts</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

<b>CLIENT'S NAME:</b> _____ Telephone No.: _____			
Client's Address	(Number & Street)	(City)	(State) (Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

Comments: \_\_\_\_\_

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



# SCHEDULE C: ACTIVITIES DISCLOSURE

Name of Lobbying Firm: Public Policy Strategies Inc.

## PART 1 – FUNDRAISING ACTIVITIES

**Identify Fundraising Activities.** List each owner, compensated officer, and lobbyist in the firm who engaged in “fundraising activities” for a current elected City Official in the last two years, along with the name of the City Official.

<u>Name of Individual</u>	<u>Name of Current Elected City Official</u>
<u>Kimberly Hale Miller</u>	fundraised for: <u>Todd Gloria</u>
<u>Kimberly Hale Miller</u>	fundraised for: <u>Sherri Lightner</u>
<u>Phil Rath</u>	fundraised for: <u>Sherri Lightner</u>
<u>Humberto Peraza (Independent Contractor)</u>	fundraised for: <u>Bob Filner</u>

## PART 2 – CAMPAIGN SERVICES

**Identify Campaign Services.** List each owner, compensated officer, and lobbyist in the firm who provided compensated campaign-related services to a current elected City Official within the past two years, along with the name of the City Official. (Note that compensation includes “win bonuses.”)

<u>Name of Individual</u>	<u>Name of Current Elected City Official</u>
<u>Tom Shepard</u>	worked for: <u>Bob Filner</u>
<u>Humberto Peraza (Independent Contractor)</u>	worked for: <u>Bob Filner</u>
_____	worked for: _____
_____	worked for: _____

## PART 3 – CONTRACT SERVICES

**Identify Contract Services.** List each owner, compensated officer, and lobbyist in the firm who provided compensated services under a City employment or consultant contract within the past two years.

<u>Name of Individual</u>	<u>Name of City Department, Agency, or Board</u>
_____	worked for: _____
_____	worked for: _____
_____	worked for: _____
_____	worked for: _____

Comments: \_\_\_\_\_

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