

OBBYIST QUARTERLY REPORT City of Glendale, California
Quarter: 1st (File by April 15) 2nd (File by July 15) 3rd (File by October 15)
4 th (File by January 15 of following year)
'ear: 20 <u>20</u>
ECTION 1: Lobbyist information:
am registered with the City as: Individual Lobbyist Lobbyist Firm
Name: Kodney V. Khan
firm: Khan Consulting Inc.
Business/mailing Address: 2233 HONOLULU AVE. #209, MONTROSE CA 91020
Phone: (318) 507-1605
-mail: KHAN CONSULTING @ AOL. COM
ECTION 2: Client information for whom you are lobbying (add extra pages if necessary):
Name: NONE DURING THIS QUARTER
Address:
Phone:
-mail:
Nature of Business:
Description of Project(s) or Legislation lobbying for:
Type here
•



SECTION 3: Information	relating to City	of Glendale Of	<u>fficials contacte</u>	<u>d or to be contac</u>	<u>:ted:</u>
Name and Title of Officia	" NE	NE	r tributo		
Date contacted or will co correspondence): Check here if you de	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		-	_	
Check here and atta	ach additional sh	eets if reporti	ng lobbying activ		_
SECTION 4: Financial Inf List the amount received		d from each cl	ient:		
Date received/to be received	· · · · · · · · · · · · · · · · · · ·		If non-monetary compensation, provide description and fair market value.		
	NONE				
	100				
Total compensation rece	ived or promise	d from each c	lient during this	reporting period	for lobbying
purposes – please provid					
Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		16/1	10		
		1			



each client:				
Client Name:	MON			······································
Description of Project(s) or Legislation lob	1 71 .			
	····	····		
Name of City Official(s) contacted and nur	mber of times	contacted:		
Name of City Official	1 contact	2-5 contacts	6-10 contacts	11+ contacts
		/		
		/		
Name of City Official	1 contact	2-5 contacts	6-10 contacts	11+ contacts
	INP			
		T2		
Name of City Official \	1 contact	2-5 contacts	6-10 contacts	11+ contacts
				<u> </u>
Name of City Official	1 contact	2-5 contacts	6-10 contacts	11+ contacts
Check here and attach additional she This form may be duplicated and attached		-	vities for more th	nan one client.

SECTION 6: Lobbyist activity expenses:

Please list payments made by you, during this reporting period, which directly benefitted any City Official or City Official's immediate family or domestic partner. Activity expenses do not include campaign contributions, however, they do include gifts, salaries and other forms of compensation to the City Official.



Name of City Official	Activity Expense paid/incurred by Lobbyist to City Official — please list dollar amount or fair market value.	Description of activity (e.g. gift, salary, loan forgiveness, passes, etc.)	
	W 10 NE	Gold, silver, jewels	

____ Check here and attach additional sheets if reporting lobbying activities for more than one client. This form may be duplicated and attached as additional sheets.

I declare under penalty of perjury, under the laws of the State of California, that the information provided herein is true and correct.

Executed on 10 8 20 at Glendale California.

Signature

Rodney V. Khan

Printed Name

PRINCIPA



SECTION 5: Information	relating to City o	r Giendale Uti	iciais contacted	or to be contact	<u>cea:</u>	
Name and Title of Officia	"-Non	ting 7	O PEPO	ORT_		
Date contacted or will co correspondence):	ntact (includes, b	ut is not limite	d to in person m	eetings, remote	meetings and	
Check here if you d	o not yet know w	hich City of Glo	endale Official yo	u will be contac	ting:	
Check here and atta This form may be duplica		**,		ies for more tha	n one client.	
SECTION 4: Financial Inf List the amount received		from each cli	ent:			
Date received/to be received	Amount received /to be received		If non-monetary compensation, provide description and fair market value.			
DE LECEIVEG	received		description and	all market valu	<u>-</u>	
No	THING	+0 €	EPORT			
*		<u> </u>				
				, 		
Total compensation rece						
<u>purposes – please provic</u>	te the name of ea	ich client and	check the appro	oriate box for ti	ne range:	
Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000	
	No-	AtiNG	h 76	PORT		
	1		1			
	1	1				