

LOBBYIST QUARTERLY REPORT City of Glendale, California Quarter: ___1st (File by April 15) ____3rd (File by October 15) \underline{X} 4th (File by January 15 of following year) Year: 20 **SECTION 1: Lobbyist information:** I am registered with the City as: ___ Individual Lobbyist ___ Lobbyist Firm Name: ______ Firm: _____ Business/mailing Address: 29635 AGOURA RD, AGOURA HILLS, CA 91301 SECTION 2: Client information for whom you are lobbying (add extra pages if necessary): Name: _____ Nature of Business: Description of Project(s) or Legislation lobbying for:



SECTION 3: Financial Information:

|--|--|

Date received/to be	Amount received /to be	If non-monetary compensation, provide
received	received	description and fair market value.
ist the amount received	d or to be received from each o	lient:
ist the amount received Date received/to be	d or to be received from each o	lient: If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide
Date received/to be	Amount received /to be	If non-monetary compensation, provide

<u>Total compensation received or promised from each client during this reporting period for lobbying purposes – please provide the name of each client and check the appropriate box for the range:</u>

Client Name	\$0-\$500	\$501- \$1,000	\$1,001- \$10,000	\$10,001- \$100,000	Over \$100,000



<u>SECTION 4: Information relating to City of Glendale Officials contacted or to be contacted during this reporting period:</u>

Client:				
Name and T	itle of Official c	ontacted or to be	e contacted: Tony	/ Eskandary, plan checker
		ontact (includes, l		o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	tacts:	
		6-10 contacts		
Client:				
Name and T	itle of Official c	ontacted or to be	e contacted:	
and corresp	ondence):			o in person meetings, remote meetings
		r anticipated con		
1 contact	2-5 contacts	6-10 contacts	11+ contacts	
\ <u></u>		ontacted or to be	e contacted:	
		•	out is not limited to	o in person meetings, remote meetings
Total numbe	er of contacts o	r anticipated con	itacts:	
	2-5 contacts		11+ contacts	
			1	



Client:			
Name and Title of Official contacted or to be contacted:			
Date(s) contacted or will contact (includes, but is not limited to in person meetings, remote meetings and correspondence):			
Total number of contacts or anticipated contacts:			
1 contact 2-5 contacts 6-10 contacts 11+ contacts			
Check here if you do not yet know which City of Glendale Official you will be contacting.			
_] Check here and attach additional sheets if necessary. Pages from this form may be duplicated and attached as additional sheets.			

[Remainder of page intentionally left blank]



SECTION 5: 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.

Client:		
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.)
Client:		
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.)
Client:		
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.)



[_] Check here and atta Pages from this form m		, , , ,	tivities for more than one client sheets.
I declare under penalty provided herein is true		laws of the State of Ca	alifornia, that the information
Executed on	, at		, California.
Signature			
Printed Name			
 Title/Position			



[_] Check here and attach a Pages from this form may b	additional sheets if reporting lo	obbying activities for more than one client additional sheets.
I declare under penalty of provided herein is true and	perjury, under the laws of the decorrect.	State of California, that the information
Executed on 8/14/24	, atRedondo Beach	, California.

Signature		
Dina Elkinawy		
Printed Name		
Director of Regional Projects	S	
Title/Position		