

LOBBYIS	T QUARTERLY REPORT	C	ity of Glendale, California
Quarter:	1 st (File by April 15) 4 th (File by January 15 of		3 rd (File by October 15)
Year: 20	24		
SECTION	11: Lobbyist information:		
I am reg	istered with the City as:	Individual Lobbyist	Lobbyist Firm
Name:	Marisol Espinoza		
Firm: _	SoCalGas		
	/mailing Address: hth Central Avenue, Unit B, Glence	dale, CA 91204	
Phone: _	323-929-9487		
E-mail: _	mespinoza2@socalgas.com		
SECTION	2: Client information for wh	nom you are lobbying (add e	extra pages if necessary):
Name: _	SoCalGas		
Address:	555 West 5th Street, Los Ang	eles, CA 90013	
Phone: _	877-238-0092		
E-mail: _	politicalreporting@sempra.com		
Nature o	f Business:Investor Owned	Utility	
Descripti	on of Project(s) or Legislation	lobbying for:	
Legislativ	e or energy initiatives that impac	t SoCalGas	



SECTION 3: Financial Information:

List the amount received or to be received from each client: SoCalGas

Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.
07/26/2024	\$16.065	Monetary
09/11/2024	\$16.065	Monetary
09/12/2024	\$16.065	Monetary
09/20/2024	\$16.065	Monetary

List the amount received or to be received from each client:

Date received/to be received	Amount received /to be received	If non-monetary compensation, provide description and fair market value.

<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
SoCalGas	x				



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

Client: SoC	alGas				
	Fitle of Official o anesyan, City En	ontacted or to b	e contacted:		
	tacted or will co ondence): 07/20		but is not limited	to in person meetings	, remote meetings
Total numb	er of contacts o	r anticipated cor	ntacts:		
1 contact	2-5 contacts	6-10 contacts	11+ contacts		
X					
Client: SoCa	alGas				
Sarkis Ogane				Right of Way Manager; Na	arine Pogosyan,
Date(s) conf	tacted or will co			to in person meetings	, remote meetings
Total numb	er of contacts o	r anticipated con	tacts:		
1 contact	2-5 contacts	6-10 contacts	11+ contacts		
	X				
Client:					
Name and T	itle of Official c	ontacted or to be	e contacted:		
Date(s) cont and corresp		ntact (includes, l	out is not limited	to in person meetings,	remote meetings
Total numbe	er of contacts o	r anticipated con	tacts:		
1 contact	2-5 contacts	6-10 contacts	11+ contacts		



Name and 1	itle of Official c	ontacted or to b	e contacted:	
			out is not limited to in person meetings, remot	e meetings
		r anticipated cor		
1 contact		6-10 contacts		
Check h	ere if you do no	t yet know which	City of Glendale Official you will be contacting	g.
	ere and attach a		if necessary. Pages from this form may be dup	olicated and

[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.

No Activity		
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.)
lient:		
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.)
lient:		
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 attach add Pages from this form may be o		bbying activities for more than one client. dditional sheets.
I declare under penalty of perj provided herein is true and co		tate of California, that the information
Executed on 10/07/24 Signature Marisol Espinoza	, at <u>Glendale</u>	, California.
Printed Name Public Affairs Manager		
Title/Position		