



City of Anaheim
 Office of the City Clerk

Please submit completed form(s) to:
 Mail or in person: Office of the City Clerk
 200 S. Anaheim Blvd. Ste. 217, Anaheim, CA 92805; or
 Email: tbass@anaheim.net; or Fax: (714) 765-4105

LOBBYIST'S QUARTERLY REPORT OF ACTIVITY

CHECK APPLICABLE REPORTING PERIOD:

Q1: Due April 30 (January 1 - March 31)
 Q2: Due July 31 (April 1 - June 30)

Q3: Due October 31 (July 1 - September 30)
 Q4: Due January 31 (October 1 - December 31)

PART I – LOBBYIST INFORMATION			
NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)	
Stephanie Graves		Lee Andrews Group	
BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
jguard@kaufmanlegalgroup.com		(213) 891-2965	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
818 W. 7th St., Ste 880	Los Angeles	CA	90017

PART II – REPORTING SCHEDULES		
Note: Check all applicable.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No Lobbying Activity	Lobbying Activity/Client Disclosure Report	Campaign Contribution Report
I did not participate or engage in any form of lobbying during the reporting period.	Schedule C: Report any form of lobbying by the lobbying firm/ lobbyist of the City of Anaheim or any regional agency in which Anaheim has a voting role during this reporting period. (Attach Schedule C)	Schedule D: Report any contributions made during the reporting period to the Mayor or any City Council Member by the lobbying firm/lobbyist. (Attach Schedule D)

Verification

I certify that I have reviewed Ordinance No. 6417, made available on the City of Anaheim's website and reviewed all applicable lobbying provisions. I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF LOBBYIST	PRINT NAME OF LOBBYIST
	Stephanie Graves
NAME OF LOBBYING FIRM (if applicable)	DATE
Lee Andrews Group	4-25-19



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(Firm) Name: Lee Andrews Group

CLIENT DISCLOSURE – SCHEDULE C

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Note: Complete this form for each client in which five hundred dollars (\$500) or more was received in a calendar month. This form may be duplicated for additional entries.

PART I – CLIENT INFORMATION		Total Compensation Lobbyist Received from Client:	\$0.00
NAME OF CLIENT (Last, First, M.I.)	BUSINESS NAME	BUSINESS PHONE (XXX) XXX-XXXX	
Shopoff Realty Investments	Shopoff Realty Investments	(949) 417-1396	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
2 Park Plaza, Ste. 700	Irvine	CA	92614

PART II – CLIENT DISCLOSURE

SECTION A. Describe the local legislative or administrative action(s) that the lobbying firm/lobbyist supported or opposed during the reporting period.

Land use entitlements for Euclid at Lincoln project.

SECTION B. Disclose any form of communication by the lobbying firm/lobbyist during the reporting period. Use a separate entry for each new contact.

1. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
3/1/2019	Councilmember Jose Moreno	Stephanie Graves

DESCRIBE PURPOSE OF MEETING:
Discussion of land use entitlements for Euclid at Lincoln project.

2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST

DESCRIBE PURPOSE OF MEETING:

3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST

DESCRIBE PURPOSE OF MEETING:

4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST

DESCRIBE PURPOSE OF MEETING:

If more space is needed for Part II, Section B. – Client Disclosure, check box and attach additional pages.