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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	ON				
NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LO	DBBYING FIRM (if applicab	ole)	
Pringle, Curt		Curt Pringle & Associates			
BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX			
curt@curtpringle.com		(714) 939-9070			
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
1801 E. Katella Avenue, Suite	1002	Anaheim	CA	92805	
PART II — REPORTING SCHEDUL Note: Check all applicable.	ES				
	\checkmark				
No Lobbying Activity	Lobbying	Activity/Client Disclosure Report	Campaign Cont	ribution 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/ made		made during the re the Mayor or a Member by firm/lo	hedule D: Report any contributions ade 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 Ordinan all applicable lobbying provisions. I de the information contained herein is t	eclare under	penalty of perjury under t	the laws of the State		
	rue and acc	urate to the best of my kir	owiedge.		
SIGNATURE OF LOBBYIST		PRINT NAME OF LOBBYIST	Parade Caraca A		
(un/ /	Curt Pringle				
NAME OF LOBBYING FIRM (if applicable)		DATE			
Curt Pringle & Associates V		10/07/2019			



(Firm) Name: Curt Pringle & Associates

CLIENT DISCLOSURE – SCHEDULE C

	PORTING PERIOD: April 30 (January 1 - March 31) July 31 (April 1 - June 30)		Oue October 31 (July Oue January 31 (Octo			
	rm for each client in which five h be duplicated for additional entri			received	in a calendar	
PART I – CLIENT INFORMATION			Total Compensation & Received from Client:	obbyis t	\$30,000.00	
NAME OF CLIENT (Last, First, M.I.) BUSINESS NAME			received from cheric.	BUSINESS	PHONE (XXX) XXX-XXXX	
Waltrip, Mark		Westgate Resorts		(407) 581-3160		
BUSINESS ADDRESS		CITY		STATE	ZIP CODE	
5601 Windhover I	Drive	Orlando		FL	32819	
PART II - CLIENT D	DISCLOSURE					
SECTION A. Describe the period.	local legislative or administrative action(s	s) that the lobbying t	firm/lobbyist supported	or oppose	d during the reporting	
Discuss entitlemen	t issues					
	form of communication by the lobbying h new contact.	firm/lobbyist during	the reporting period. Us	se a separa	te	
1. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR ST	NAME OF LOBBYIST				
07/25/2019	Council Member Lucille	Kring	Curt Pringle			
DESCRIBE PURPOSE OF MEE	TING:					
Discuss entitleme	ent issues					
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR S	NAME OF LOBBYIST				
07/25/2019	Council Member Trevor	O'Neil	Curt Pringle			
DESCRIBE PURPOSE OF MEE	ETING:					
Discuss entitleme	ent issues					
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR S	TAFF CONTACTED	NAME OF LOBBYIST			
07/25/2019 DESCRIBE PURPOSE OF MEE				Curt Pringle		
Discuss entitleme						
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR S	TAFE CONTACTED	NAME OF LOBBYIST			
07/26/2019		TAIT CONTACTED	Curt Pringle			
07/26/2019 Mayor Harry Sidhu DESCRIBE PURPOSE OF MEETING:			Curt Filligle			
Discuss entitleme						
Dioodoo Chideine	211 1330G3					

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



(Firm) Name: Curt Pringle & Associates

CLIENT DISCLOSURE - SCHEDULE C

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	m for each client in which f e duplicated for additional			received	in a calendar
PART I - CLIENT IN	IFORMATION		Total Compensation Received from Client:	obbylst	\$30,000.00
NAME OF CLIENT (Last, First	, M.I.)	BUSINESS NAME	neceived from cheric	particular and the second second	PHONE (XXX) XXX-XXXX
Waltrip, Mark		Westgate Reso	rts	81-3160	
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
5601 Windhover D	Prive	Orlando		FL	32819
PART II - CLIENT D	ISCLOSURE				
SECTION A. Describe the loperiod.	ocal legislative or administrative a	ction(s) that the lobbying f	irm/lobbyist supported	l or oppose	d during the reporting
Discuss entitlement	issues				
SECTION B. Disclose any for each of the contract of the contra				lse a separa	ate
07/26/2019	NAME & TITLE OF CITY OFFICIAL	NAME OF LOBBYIST			
DESCRIBE PURPOSE OF MEET	Assistant City Mana	ger Dave Beimer	Curt Fringle		
Discuss entitleme					
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL	OR STAFF CONTACTED	NAME OF LOBBYIST		
DESCRIBE PURPOSE OF MEET	TING:				
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL	OR STAFF CONTACTED	NAME OF LOBBYIST		
DESCRIBE PURPOSE OF MEET	ΓING:				
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL	OR STAFF CONTACTED	NAME OF LOBBYIST		
DESCRIBE PURPOSE OF MEE	TING:				
If more space is needed	for Part II, Section B. – Client Disc	closure, check box and attack	ch additional pages.		