



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)
 Q3: Due October 31 (July 1 - September 30)
 Year 2019
 Q2: Due July 31 (April 1 - June 30)
 Q4: Due January 31 (October 1 - December 31)

LOBBYIST INFORMATION

NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)	
Flint, Jeffrey J		FSB Public Affairs	
BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
jflint@fsbcorestrategies.com		(949) 336-4500	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
2099 S. State College Blvd., Suite 630	Anaheim	CA	92806

REPORTING SCHEDULES

CHECK ALL APPLICABLE

<input type="checkbox"/> No Lobbying Activity	<input checked="" type="checkbox"/> Lobbying Activity/ Client Disclosure Report	<input type="checkbox"/> Campaign Contribution Report
I did not participate or engage in any form of lobbying during the reporting period.	Schedule A: 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.	Schedule B: Report any contributions made during the reporting period to the Mayor or any City Council Member by the lobbying firm/lobbyist.

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
	Flint, Jeffrey J
NAME OF LOBBYING FIRM (if applicable)	DATE (mm/dd/yyyy)
FSB Public Affairs	



SCHEDULE A – CLIENT DISCLOSURE

CHECK APPLICABLE REPORTING PERIOD:

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

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Q4: Due January 31 (October 1 - December 31)

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

Table with 4 columns: CLIENT INFORMATION, Total Compensation Lobbyist Received from Client (\$10,500), NAME OF CLIENT, BUSINESS NAME, BUSINESS PHONE, BUSINESS ADDRESS, CITY, STATE, ZIP CODE.

CLIENT DISCLOSURE

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

Monitor ordinances and regulations related to STRs in Anaheim

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

Table with 3 columns: DATE OF CONTACT, NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED, NAME OF LOBBYIST. Includes 4 entries for meetings with Steve Faessel and David Belmer.

If more space is needed check box and attach additional pages.



City of Anaheim
Office of the City Clerk

Name: Flint, Jeffrey J

SCHEDULE A – CLIENT DISCLOSURE

CHECK APPLICABLE REPORTING PERIOD:

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CLIENT INFORMATION			Total Compensation Lobbyist Received from Client: \$	
NAME OF CLIENT (Last, First, M.I.)	BUSINESS NAME	BUSINESS PHONE (XXX) XXX-XXXX		
Price, Tal	Anaheim Rental Alliance			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
174 W. Lincoln Ave, Suite 505	Anaheim	CA	92805	

CLIENT DISCLOSURE

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

Monitor ordinances and regulations related to STRs in Anaheim

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
09/23/2019	Council Member Lucille Kring	Jeff Flint
DESCRIBE PURPOSE OF MEETING:		
Discuss implementation of new STR ordinance		
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 check box and attach additional pages.



City of Anaheim
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Name: Flint, Jeffrey J

SCHEDULE A – CLIENT DISCLOSURE

CHECK APPLICABLE REPORTING PERIOD:

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CLIENT INFORMATION				Total Compensation Lobbyist Received from Client:
NAME OF CLIENT (Last, First, M.I.)				\$18,750
Sanford, Paul		BUSINESS NAME		BUSINESS PHONE (XXX) XXX-XXXX
		Wincome Hospitality		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
888 Disneyland Drive		Anaheim	CA	92804

CLIENT DISCLOSURE

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

Issues related to development agreement at 1700 S Harbor Blvd hotel site

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
09/19/2019	David Belmer and John Woodhead	Jeff Flint
DESCRIBE PURPOSE OF MEETING:		
Discuss issues related to extension of development agreement		
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
09/24/2019	David Belmer	Jeff Flint
DESCRIBE PURPOSE OF MEETING:		
Discuss issues related to extension of development agreement		
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
09/26/2019	David Belmer	Jeff Flint
DESCRIBE PURPOSE OF MEETING:		
Discuss issues related to extension of development agreement		
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
DESCRIBE PURPOSE OF MEETING:		

If more space is needed check box and attach additional pages.



City of Anaheim
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Name: Flint, Jeffrey J

SCHEDULE A – CLIENT DISCLOSURE

CHECK APPLICABLE REPORTING PERIOD:

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CLIENT INFORMATION

Total Compensation Lobbyist Received from Client: **\$10,000**

NAME OF CLIENT (Last, First, M.I.)	BUSINESS NAME	BUSINESS PHONE (XXX) XXX-XXXX	
Mitchell, Rob	Greenlaw Partners		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
18301 Von Karman Avenue Suite 250	Irvine	CA	92612

CLIENT DISCLOSURE

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

Various Developments in Anaheim

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
07/30/2019	City Council and Staff	Jeff Flint

DESCRIBE PURPOSE OF MEETING:

Attended City Council Meeting regarding ATN site

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 check box and attach additional pages.