# City of Anaheim Office of the City Clerk

**RECEIVED: November 19, 2019** BY: 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 Q2: Due July 31 (April 1 - Ju			ober 31 (July 1 Jary 31 (Octob			
PART I – LOBBYIST INFORMATION						
NAME OF LOBBYIST (Last, First, M.I.)			NAME OF L	OBBYING FIRM (	if applicable	e)
Greyshock, Steven M			GREYCOMM, LLC			
BUSINESS EMAIL			BUSINESS PHON	IE (XXX) XXX	X-XXXX	
steve@grey-comm.com		(	(714) 658-6299			
BUSINESS ADDRESS		CITY			STATE	ZIP CODE
1600 DOVE ST	NEWPORT BEACH CA 9266		92660			
PART II — REPORTING SCHEDULES  Note: Check all applicable.						
	<b>V</b>			V		
No Lobbying Activity	Lobbying Activity/Client Disclo Report		sclosure	Campaign Contribution Report		
I did not participate or engage in any form of lobbying during the reporting	Schedule C: Report <b>any 1 lobbying</b> by the lobbying		firm/	<u>Schedule D</u> : Report <b>any contributions</b> made during the reporting period to		porting period to
period.	lobbyist of the City of Anaheim regional agency in which Anahe a voting role during this repoperiod. (Attach Schedule Control of the City of Anaheim regional agency in which are the City of Anaheim regional agency in which are the City of Anaheim regional agency in which are the City of Anaheim regional agency in which agency in which are the City of Anaheim regional agency in which agency in which are the City of Anaheim regional agency in which agency in which agency in which agency in which agency in the City of t		aheim has porting	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
French M. French	Steven Greyshock
NAME OF LOBBYING FIRM (if applicable)	DATE
GREYCOMM, LLC	11/19/2019



Firm) Name:	GREYCOMM,	LLC
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## CLIENT DISCLOSURE - SCHEDULE C

CHECK APPLICABLE REPORTING PERIOD:  Q1: Due April 30 (January 1 - March 31)  Q2: Due July 31 (April 1 - June 30)  Q4: Due January 31 (October 1 - December 31)							
<b>Note:</b> Complete this form for month. This form may be dup				500) or more was	receive	d in	a calendar
PART I – CLIENT INFOR	PART I – CLIENT INFORMATION  Total Compensation Lobbyist Received from Client: \$16,500.00						
NAME OF CLIENT (Last, First, M.I.)		BUSIN	IESS NAME		BUSINES	SS PHO	ONE (XXX) XXX-XXXX
KIM, ROBERT		650	9 SERRAN	NO LP (714) 658-6299			8-6299
BUSINESS ADDRESS		CITY			STATE ZIP CODE		ZIP CODE
1600 DOVE ST			NEWPOR	RT BEACH	CA		92660
PART II – CLIENT DISCL	OSURF						
	gislative or administrative acti	ion(s) th	nat the lobbying fi	rm/lobbyist supported	or oppos	sed du	uring the reporting
period.							
Land use considerations	}						
CECTION D. Disalana and famous of		<b>-</b> 6	- /  -  -				
SECTION B. Disclose any form of entry for each new of	communication by the lobby contact.	ing iirii	i/iobbyist during t	ne reporting period. O	se a sepa	irate	
1. DATE OF CONTACT NAM	ME & TITLE OF CITY OFFICIAL C	OR STAF	F CONTACTED	NAME OF LOBBYIST			
9/26/2019 Councilmember Moreno			)	Steve Greyshock			
DESCRIBE PURPOSE OF MEETING:							
Project update and l	briefing						
2. DATE OF CONTACT NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACT			F CONTACTED	NAME OF LOBBYIST			
9/4/2019 Councilmember Faess		esse	·[	Steve Greyshock			
DESCRIBE PURPOSE OF MEETING:							
Project update and	briefing						
3. DATE OF CONTACT NAME & TITLE OF CITY OFFICIAL OR STAFF C			F CONTACTED	NAME OF LOBBYIST			
9/13/2019 Councilmember Barnes				Steve Greyshock			
DESCRIBE PURPOSE OF MEETING:							
Project update and briefing							
4. DATE OF CONTACT NAME & TITLE OF CITY OFFICIAL OR STA		OR STAF	F CONTACTED	D NAME OF LOBBYIST			
DESCRIBE PURPOSE OF MEETING:							
If more space is needed for Pa	rt II. Section B. – Client Disclo	sure. ch	eck box and attacl	h additional pages.			



Firm) Name:	GREYCOMM, I	LLC	
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## CAMPAIGN CONTRIBUTIONS – SCHEDULE D

CHECK APPLICABLE REPORTING PERIOD:  Q1: Due April 30 (January 1 - March 31)  Q2: Due July 31 (April 1 - June 30)  Q4: Due January 31 (October 1 - December 31)								
	Note: This form is to report campaign contributions made to the Mayor or any City Council Member by the lobbying firm/lobbyist during the reporting period. This form may be duplicated for additional entries.							
PAF	PART I – CAMPAIGN CONTRIBUTIONS							
Disclo	Disclose all campaign contributions by the lobbying firm/lobbyist during the reporting period.  DATE AMOUNT NAME OF CONTRIBUTION RECIPIENT NAME OF LOBBYIST							
1.	8/7/2019		Lucille Kring for Supervisor	Steve Greyshock				
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23.								
If more space is needed for Part I – Campaign Contributions, check box and attach additional pages.								