



LOBBYIST'S QUARTERLY REPORT OF ACTIVITY

Reporting Period

- Q1: January 1 – March 31
(Due April 30)
- Q2: April 1 – June 30
(Due July 31)
- Q3: July 1 – September 30
(Due October 31)
- Q4: October 1 – December 31
(Due January 31)

Year 2019

Lobbyist Information

Name of Lobbyist (Last, First, M.I.) STEVE GREYSHOCK		Name of Lobbying Firm (if applicable) GREYCOMM, LLC	
Business Email STEVE@GREY-COMM.COM		Business Phone (714) 330-0321	Alternate Phone
Business Address 27702 Crown Valley Parkway, Suite D-4 33		City LADERA RANCH	State CA
			Zip Code 92694

LOBBYIST ACTIVITY

- No Lobbying Activity
- Lobbying Activity/
Client Disclosure Report
- Campaign
Contribution Report

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 the 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 during the reporting period.

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.

Print Name of Lobbyist STEVE GREYSHOCK	Name of Lobbying Firm (if applicable) GREYCOMM, LLC
Signature <i>Steven M. Greyshock</i>	Date JANUARY 30, 2020

Mail, Email or Fax to:

Mail: **Office of the City Clerk
200 S. Anaheim Blvd., Suite 217
Anaheim, CA 92805**

Email: **Theresa Bass, City Clerk (tbass@anaheim.net)**

Fax: **(714) 765-4105**



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for additional entries

SCHEDULE A – CLIENT DISCLOSURE

Client Information

Name of Client (Last, First, M.I.) KIM, ROBERT		Name of Business 6509 SERRANO, LP		Business Phone (714) 658-6299	
Business Address 1600 DOVE			City NEWPORT BEACH		State CA
					Zip Code 92660
Total Compensation <input checked="" type="checkbox"/> Lobbyist or <input type="checkbox"/> Lobbying Firm Received from Client:					\$ 16,500

Client Disclosure

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

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: 10/10/3919	Name & Title of City Official or Staff Contacted: DR. JOSE MORENO
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Describe Purpose of Meeting:
BRIEFING ON PROJECT

2. Date of Contact: 11/15/3919	Name & Title of City Official or Staff Contacted: DR. JOSE MORENO
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Describe Purpose of Meeting:
BRIEFNIG ON PROJECT

3. Date of Contact: 10/16/3919	Name & Title of City Official or Staff Contacted: COMMISSIONER KIM KEYES
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Describe Purpose of Meeting:
BRIEFING ON PROJECT

4. Date of Contact: 10/25/3919	Name & Title of City Official or Staff Contacted: COMMISSIONERS VADADORIA AND LIEBERMAN
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Describe Purpose of Meeting:
BRIEFING ON PROJECT (JOINT MEETING)

5. Date of Contact: 10/06/3919	Name & Title of City Official or Staff Contacted: COMMISSIONER NATALIE MEEKS
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Describe Purpose of Meeting:
BRIEFING ON PROJECT

<p>DATE OF CONTACT: 10/25/2019</p> <p>NAME & TITLE OF CITY OFFICIAL COMMISSIONER JOHN ARMSTRONG</p> <p>DESCRIBE PURPOSE OF MEETING BRIEFING ON PROJECT</p>	<p>DATE OF CONTACT: 10/10/2019</p> <p>NAME & TITLE OF CITY OFFICIAL COMMISSIONER STEVE WHITE</p> <p>DESCRIBE PURPOSE OF MEETING BRIEFING ON PROJECT</p>
<p>DATE OF CONTACT: 12/4/2019</p> <p>NAME & TITLE OF CITY OFFICIAL COUNCILMAN STEVE FAESSEL</p> <p>DESCRIBE PURPOSE OF MEETING BRIEFING ON PROJECT</p>	



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SCHEDULE B – CAMPAIGN CONTRIBUTIONS

This form is to report campaign contributions made to any member of the City Council by the lobbying firm/lobbyist during the reporting period.

Campaign Contributions

Disclose all campaign contributions by the lobbying firm/lobbyist during the reporting period.

1. Date: 11/07/3919	Name of Contribution Recipient: TREVOR O'NEIL
	Amount: 250.00
2. Date:	Name of Contribution Recipient:
	Amount:
3. Date:	Name of Contribution Recipient:
	Amount:
4. Date:	Name of Contribution Recipient:
	Amount:
5. Date:	Name of Contribution Recipient:
	Amount:
6. Date:	Name of Contribution Recipient:
	Amount:
7. Date:	Name of Contribution Recipient:
	Amount:
8. Date:	Name of Contribution Recipient:
	Amount:
9. Date:	Name of Contribution Recipient:
	Amount: