City of Anaheim Office of the City Clerk

RECEIVED: April 7, 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 - Jul	- March 31)	Q3: Due Octob Q4: Due Janua			
PART I – LOBBYIST INFORMATIO	N				
NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LO			
Whittingham, Peter G					fairs Advisors
BUSINESS EMAIL		В	USINESS PHO	ONE (XXX) XX	XX-XXXX
peter@whittinghampaa.com		(9	949) 28	0-9181	
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
31441 Santa Margarita Park	way, #A181	Rancho Santa Mar	rgarita	CA	92688
Note: Check all applicable. No Lobbying Activity		vity/Client Disclosure Report			ribution Report
I did not participate or engage in any form of lobbying during the reporting period.	lobbying by lobbyist of the (regional agency a voting role	Report any form of the lobbying firm/ City of Anaheim or any in which Anaheim has during this reporting ttach Schedule C)	made du the N	ıring the re ∕ayor or a	
Verification I certify that I have reviewed Ordinan all applicable lobbying provisions. I de	eclare under per	alty of perjury under t	he laws o	eim's wet f the State	osite and reviewe e of California tha

the information contained herein is true and accurate to the best of my knowledge.

signature of lobayist	PRINT NAME OF LOBBYIST
THAT I WAS TO SEE THE SECOND S	Peter Whittingham
NAME OF LOBBYING FIRM (Napplicable)	DATE
Whittingham Public Affairs Advisors	04/08/2019



	Whittingham	Public Affairs Advisors	
(Firm) Name:			

CLIENT DISCLOSURE - SCHEDULE C

Q2: Due Ju	pril 30 (January 1 - March 31) ıly 31 (April 1 - June 30)	☐Q4: D	ue October 31 (Ju ue January 31 (Oc	tober 1 - Dec	cember 31)
Note: Complete this forn month. This form may be	n for each client in which e duplicated for additiona	five hundred dollars (\$ Il entries.	500) or more wa	s received	in a calendar
PART I – CLIENT IN	FORMATION		Total Compensation Received from Clien		\$15,000
NAME OF CLIENT (Last, First,	M.I.)	BUSINESS NAME			PHONE (XXX) XXX-XXXX
Stockard, James		Peace Ranch,	, LLC	(949) 2	51-0444, x105
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
4040 MacArthur	Blvd Suite 300	Newport E	Beach	CA	92660
PART II – CLIENT D	ISCLOSURE				
	cal legislative or administrative	action(s) that the lobbying f	firm/lobbyist supporte	ed or oppose	d during the reporting
period.	potential adoption of	a rent control ordin	ance		
Auvocacy related to	potential adoption of	a form control of any			
entry for each 1. DATE OF CONTACT 03-15-19	NAME & TITLE OF CITY OFFICE Dr. Jose Moreno, Co	IAL OR STAFF CONTACTED	NAME OF LOBBYIS' Peter Whitt	Т	
DESCRIBE PURPOSE OF MEET		Davida			
Discuss Rancho	La Paz Mobile Ho				
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFIC		NAME OF LOBBYIS		
03-22-19 DESCRIBE PURPOSE OF MEET	Mayor Harry Sidg ուսց։	ju	Peter Whitt	ıngnam	
Discuss Rancho	La Paz Mobile Ho	me Park			
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFIC		NAME OF LOBBYIS	Т	
03-22-19	Trevor O'Neil, Co	ouncil Member	Peter Whitt	ingham	
DESCRIBE PURPOSE OF MEE					
Discuss Rancho	La Paz Mobile Ho	me Park			
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFIC		NAME OF LOBBYIS	ST	
03-22-19	Stephen Faessel, C	ouncil Member	Peter Whitt	tingham	İ
DESCRIBE PURPOSE OF MEE					
Discuss Rancho	La Paz Mobile Ho	me Park			
If more space is neede	d for Part II, Section B. – Client [Disclosure, check box and atta	ach additional pages.		
	5)				



	Whittingham Public Affairs Advisors	
(Firm) Name:		

CLIENT DISCLOSURE – SCHEDULE C

Q2: Due Ju	oril 30 (January 1 - March 31) Ily 31 (April 1 - June 30)	Q4: D	ue October 31 (Ju ue January 31 (Oc	tober 1 - Dec	ember 31)
lote: Complete this form nonth. This form may be	n for each client in which fi duplicated for additional e	ve hundred dollars (\$ entries.	500) or more was	s received	in a calendar
PART I - CLIENT INI	FORMATION		Total Compensation Received from Clien		\$15,000
NAME OF CLIENT (Last, First,	M.I.)	BUSINESS NAME			PHONE (XXX) XXX-XXXX
Verville, Joshua		Perspecta State	& Local, LLC	(571)5	508-4333
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
15052 Conferenc	e Center Dr.	Chantilly		VA	20151
PART II – CLIENT DI	SCLOSURE				
SECTION A. Describe the looperiod.	cal legislative or administrative ac	ction(s) that the lobbying f	irm/lobbyist supporte	ed or opposed	d during the reporting
	utsourced IT contract				
entry for each 1. DATE OF CONTACT 02-01-19 DESCRIBE PURPOSE OF MEET	NAME & TITLE OF CITY OFFICIAL Jordan Brandman, Co ING:	OR STAFF CONTACTED	NAME OF LOBBYIST Peter Whitti		ite
Discuss City IT co					
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL		NAME OF LOBBYIST		
02-14-19 DESCRIBE PURPOSE OF MEET	Trevor O'Neil, Cou ing:	ncii member	Peter Whitti	ngnam	
Discuss City IT co	ontract				
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	L OR STAFF CONTACTED	NAME OF LOBBYIST	Г	
02-14-19 DESCRIBE PURPOSE OF MEET	Greg Garcia, Asst	City Manager	Peter Whitt	ingham	
Discuss City IT co	ontract				
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	L OR STAFF CONTACTED	NAME OF LOBBYIS	Т	
DESCRIBE PURPOSE OF MEET	ΓING:				
If more chase is peeded	for Part II. Section B. — Client Dis	closure, check box and atta	ach additional pages.		



	Public Affairs Advisors
(Firm) Name:	

CLIENT DISCLOSURE – SCHEDULE C

	CLILITI DISSE				
Q2: Due Ju	oril 30 (January 1 - March 31) Ily 31 (April 1 - June 30)	Q4: D	ue October 31 (Jo ue January 31 (O	ctober 1 - Dece	mber 31)
Note: Complete this form nonth. This form may be	n for each client in which f duplicated for additional	ive hundred dollars (\$ entries.	5500) or more wa	is received in	n a calendar
PART I - CLIENT INI	FORMATION		Total Compensation Received from Clie	nt:	\$15,000
NAME OF CLIENT (Last, First,	M.I.)	BUSINESS NAME			HONE (XXX) XXX-XXXX
Blankenship, Ma	sha	Crown Castle &	its affiliates	(713)5	70-3000
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
1220 Augusta Dr	., Suite 600	Houston		TX	77057
PART II - CLIENT DI					
SECTION A. Describe the loperiod.	cal legislative or administrative a	ction(s) that the lobbying f	irm/lobbyist support	ed or opposed	during the reporting
Cellular infrastructur	e permitting				
entry for each 1. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	L OR STAFF CONTACTED	NAME OF LOBBYIS Peter Whiti	ST .	е
03-26-19 DESCRIBE PURPOSE OF MEET	Mayor Harry Sidhเ _{างg:}	ı	1 GtGI VVIIIt	ingnam	
Discuss 5G infras	structure deployme	nt			
2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	L OR STAFF CONTACTED	NAME OF LOBBYIS	ST	
DESCRIBE PURPOSE OF MEET	TING:				
3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	AL OR STAFF CONTACTED	NAME OF LOBBY!	ST	
DESCRIBE PURPOSE OF MEET	ΓING:				
4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIA	AL OR STAFF CONTACTED	NAME OF LOBBYI	ST	
DESCRIBE PURPOSE OF MEE	TING:				
If more space is needed	d for Part II, Section B. – Client Dis	sclosure, check box and att	ach additional pages.		



	5Whittingham Public Affairs Advisors
(Firm) Name:	

CAMPAIGN CONTRIBUTIONS - SCHEDULE D

C/ (IVII / II C/ I C C/ I I I I C	
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)
Note: This form is to report campaign contributions made to	the Mayor or any City Council Member by the lobbying

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.

	n contributions b	y the lobbying firm/lobbyist during the reporting NAME OF CONTRIBUTION RECIPIENT	NAME OF LOBBYIST
DATE	AMOUNT	Harry Sidhu	Peter Whittingham
)3/27/19	\$1,000	Harry Sluriu	1 Otor vvintarigitari