



City of Anaheim  
Office of the City Clerk

RECEIVED 10/18/2018

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](mailto: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

NAME OF LOBBYIST (Last, First, M.I.)		NAME OF LOBBYING FIRM (if applicable)	
Pringle, Katie		Curt Pringle & Associates	
BUSINESS EMAIL		BUSINESS PHONE (XXX) XXX-XXXX	
katie@curtpringle.com		714-939-9070	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
1801 E Katella Ave Suite 1002	Anaheim	CA	92805

### PART II – REPORTING SCHEDULES

Note: Check all applicable.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No Lobbying Activity	Lobbying Activity/Client Disclosure Report	Campaign Contribution 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/lobbyist of the City of Anaheim or any regional agency in which Anaheim has a voting role during this reporting period. (Attach Schedule C)	Schedule D: Report any contributions made 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 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
	Katie Pringle
NAME OF LOBBYING FIRM (if applicable)	DATE
Curt Pringle & Associates	10/15/2018



City of Anaheim  
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(Firm) Name: Curt Pringle & Associates

## CLIENT DISCLOSURE – SCHEDULE C

### CHECK APPLICABLE REPORTING PERIOD:

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**Note:** Complete this form for **each client** in which five hundred dollars (\$500) or more was received in a calendar month. This form may be duplicated for additional entries.

### PART I – CLIENT INFORMATION

Total Compensation Lobbyist  
Received from Client: **\$2,500.00**

NAME OF CLIENT (Last, First, M.I.)	BUSINESS NAME	BUSINESS PHONE (XXX) XXX-XXXX	
Miranda, Bryan	Public Storage	714-338-1262	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
701 Western Avenue	Glendale	CA	91201

### PART II – CLIENT DISCLOSURE

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

Conditional Use Permit Approval - Planning Commission

**SECTION B.** 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
6/27/2018	Bill Dalati, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Brief on item 3 of July 9 Planning Commission Meeting requesting a conditional use permit

2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
6/28/2018	Michelle Lieberman, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Brief on item 3 of July 9 Planning Commission Meeting requesting a conditional use permit

3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
6/29/2018	John Armstrong, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Email correspondence re: item 3, July 9 Planning Commission Meeting

4. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
6/29/2018	Jess Carbajal, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Email correspondence re: item 3, July 9 Planning Commission Meeting

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





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(Firm) Name: Curt Pringle & Associates

## CLIENT DISCLOSURE – SCHEDULE C

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Conditional Use Permit Approval - Planning Commission

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1. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
6/29/2018	John Gillespie, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Email correspondence re: item 3, July 9 Planning Commission Meeting

2. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
6/29/2018	Kimberly Keys, Planning Commissioner	Katie Pringle

DESCRIBE PURPOSE OF MEETING:

Email correspondence re: item 3, July 9 Planning Commission Meeting

3. DATE OF CONTACT	NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED	NAME OF LOBBYIST
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DESCRIBE PURPOSE OF MEETING:

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DESCRIBE PURPOSE OF MEETING:

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