

City of Chicago Board of Ethics 740 N. Sedgwick St., Suite 500 Chicago, IL 60654-8488 Phone: (312) 744-9660 Fax: (312) 744-2793 www.cityofchicago.org/Ethics Form C Part 1 of 3

LOBBYING ACTIVITY REPORT

| For: July through December | er 20 (| OR □ Jan | uary through | າ June 20 | |
|--|--------------------|----------------|--------------------|-------------|-------------------|
| This Activity Report, Form C, consists of Parts must be completed as indicated below in Sective in Section of the Internet. | tion D, "Other Inf | ormation". N | IOTE: Pursuant | to Section | 2-156-290 of the |
| A. REGISTRANT INFORMATION | | | | | |
| 1. Salutation: First Name: | M.I.: | Last Name | : | | Suffix: |
| Address: | City: _ | | | State: | _ Zip: |
| E-Mail: | Pr | none: | | Fax: | |
| 2. Self Employed: OR Employer Name: | | | | | |
| 3. Is this Activity Report being filed with a Termination | on Notice? | Yes □ | No □ | | |
| B. VERIFICATION | | | | | |
| I, _(Print Name)under oath or | | | | , as l | Registrant, state |
| affirm or represent that I have examined the inf | formation provide | d on behalf of | f Registrant in th | is Lobbying | Activity Report, |
| which consists of Part 1, Part 2, and (check if a | applicable) part 3 | □. including a | nv attachments. | and that to | the best of my |
| knowledge, information and belief, the informat | | | , | | , |
| Signature of Registrant or Designated Representative | /e | | Date | e | |
| Circular and account on affirms and hadans are this | dov of | 20 | | | |
| Signed and sworn or affirmed before me this | day of | , 20 | | | Notary Public |
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| FOR OFFICIAL USE ONLY | | | | | |
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LOBBYING ACTIVITY REPORT

Form C Part 2 of 3

| For: □ July through December 20 OR □ January through June 20 | | | | | |
|--|--------------------|----------------------------|---|----------------------|--|
| REGISTRANT NAME: | | | | | |
| Self Employed ☐ OR EMPL | OYER NAME: | | | | |
| C. ITEMIZED LIST OF GIF | TS: | | | | |
| | | | official or employee of the City be, travel, lodging, recreation ar | | |
| For each gift given to an offi description of the gift and its a | | | ent's name, title or position, Cit necessary. | ty department, a | |
| Recipient Name | Recipient Title | Recipient Department | Gift | Approximate Value | |
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| D. OTHER INFORMATION | : | | | | |
| Did the Registrant (i) lobby; or behalf of/from ANY client durir | | · | (iii) receive lobbyist-related com No \square | pensation on | |
| If you answered "No," you do | o not need to comp | olete Part 3 of this form. | | | |
| | | | whose behalf lobbying was perf bbying related compensation wa | | |

NOTE: If you submit a Part 3 for some but not all of your registered clients, you are presumed to be representing that you did not lobby, incur expenditures or receive compensation on behalf of/from those clients for whom you have not submitted a Part 3.

LOBBYING ACTIVITY REPORT

Form C Part 3 of 3 Page 1 of 2

| For: ☐ July through December 20 |) OR □ Januar | y through June 20 |
|--|--------------------------------------|---|
| Part 3, E-H must be completed for each client on whose I from whom compensation was received during the report | | n whose behalf expenditures were made, or |
| REGISTRANT NAME: | | |
| Self Employed OR EMPLOYER NAME: | | _ |
| E. CLIENT INFORMATION: | | |
| 1. Client Name: | | |
| Business Address: | City: | State: Zip: |
| State the nature of your client's business: | | |
| 3. Has this client retained, employed, or designated you to activity covered by this report? Yes \Box | | on or entity with respect to the lobbying |
| IF YES, state the name of that other person/entit | ty, its address, and the nature of i | ts business: |
| | | |

F. LOBBYING ACTIVITIES:

Below, please (1) state the name of each City agency lobbied; (2) circle whether lobbying involved legislative or administrative action or both; and (3) give a brief description of the legislative or administrative action promoted or opposed. Be specific. For example, for real estate or zoning matters, provide the address of the property. For licensing matters, indicate the type of license. Include the formal designation of any proposed action or project, if known. ATTACH ADDITIONAL SHEETS IF NECESSARY.

| CITY AGENCY | ADMIN. / LEGIS ACTION | | ACTION SOUGHT (state formal designation, if known) |
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| | | M• | | _ [| Page 2 of 2 |
| a. GUIVII | PENSATIOI | IV. | | | |
| Vas lobby | ing related cor | mpensation received during thi | is reporting period from this client? Yes \square | No □ |] |
| F YES, sta 31000.00. | ate the amoun | t of lobbying-related compensa | ation received from this client during the reporti | ing period to | the nearest |
| | \$ If your client is your employer and lobbying account compensation, then prorate the amount, as the plobbying compared to the time spent on all other | | | percentage | of time spent on |
| l. EXPE | NDITURES |): | | | |
| . During t | this reporting p | period has any single expendit | ture paid by you or charged to your client totaled | d \$250 or m | ore? Yes □ No □ |
| 2. If you a necessary. | | s", for each single expenditure | e of \$250 or more provide the following informa | ation. Attach | additional sheets if |
| DATE | AMOUNT | PURPOSE OF THE EXPENDITURE | NAME, ADDRESS AND NATURE OF BUSINESS OF THE RECIPIENT OF THE EXPENDITURE | ADMINIST ANY, IN | GISLATIVE OR TRATIVE ACTION, IF CONNECTION WITH EXPENDITURE WAS MADE |
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| | | t of lobbying-related expenditur | res paid by you or charged to your client in eac | h category. | Enter an amount in |
| a. | Office expe | enses (even if 0) | \$ | ß | |
| b. | Compensa | tion to others (even if 0) | \$ | ß | |
| C. | c. Public education, advertising and publications (even if 0) | | tions (even if 0) | \$ | |
| d. | Personal su | ustenance, travel and lodging (| (even if 0) | \$ | |
| e. | Other expe | nses, not reported above (eve | en if 0) | \$ | |
| | | Total amount of expenditure | es (even if 0) | \$ | |