


Form with Errors

<p>CITY OF SAN JOSE LOBBYIST REPORT</p> <p>SEE INSTRUCTIONS ON REVERSE File Original with the City Clerk</p> <p>Due in Clerk's Ofc by</p> <p><input type="checkbox"/> This is a Registration Report.</p> <p><input checked="" type="checkbox"/> This is a Quarterly Report covering the period:</p> <p><input type="checkbox"/> January 1-March 31, _____ (Due by Apr 15th)</p> <p><input type="checkbox"/> April 1-June 30, _____ (Due by Jul 15th)</p> <p><input type="checkbox"/> July 1-September 30, _____ (Due by Oct 15th)</p> <p><input checked="" type="checkbox"/> October 1-December 31, <u>2007</u> (Due by Jan 15th)</p> <p><input type="checkbox"/> This is an AMENDMENT to the Lobbyist Report filed: _____.</p> <p><input type="checkbox"/> This is a TERMINATION Report effective as of: _____.</p>	<p>RECEIVED San José City Clerk</p> <p>2008 JAN 15 P 4:37</p> <p>For Official Use Only</p>	 <p>Page <u>1</u> of <u>6</u>.</p>
<p>NAME OF LOBBYIST: (Q1'07) John Smith (Q2'07) Smith Consulting, LLC (Q1'08) J. S. Smith, Inc.</p>		<p>1. Be consistent 2. Reports filed / viewed by "Lobbyist Name" 3. Note if: "Previously reported as..."</p>
<p>BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)</p> <p>1234 Fisher Street Suite 300 San José, CA 95125</p>	<p>TELEPHONE NUMBER: (415) 555-1212</p> <p>FAX NUMBER: (415) 555-1213</p>	
<p>MAILING ADDRESS: (If different than above)</p> <ul style="list-style-type: none">List Filer email (minimum) up to all entity lobbyistsEmail is primary mode of program communicationEntry point to our lobbyist distribution listMay list related business partners, attorney, other	<p>E-MAIL:</p> <p>cjones@smithconsulting.com mblanc@smithconsulting.com tjerry@smithconsulting.com</p>	

REPORT FOR EACH CATEGORY OF LOBBYIST: (Check all that apply)

CONTRACT LOBBYIST

Specify how the Contract Lobbyist is organized:

- Sole Proprietorship
- Partnership
- Non-Profit Corporation
- For-Profit Corporation
- Other _____

Name of each person working for the Contract Lobbyist that is engaged in lobbying activity: _____

X Individual **X No one lobbied this quarter** **X Everybody in my company** **X Blank**

OK Charles Jones, Malcom Blanc, Tom N. Jerry

If the Lobbyist is a sole proprietor or partnership of fewer than five (5) persons, state the name(s) of the sole proprietor or persons with an ownership interest in the business: _____

If the Lobbyist is a corporation (for-profit or non-profit), state the names of Officers and Agent for Service of Process: _____

OK Charles Jones (President), Malcom Blanc (Vice President), Tom N. Jerry (Agent for Service of Process)

and the name of any other officers listed with the Secretary of State

IN-HOUSE LOBBYIST

Specify how the In-House Lobbyist is organized:

- Sole Proprietorship
- Partnership
- Non-Profit Corporation
- For-Profit Corporation
- Other _____

Name of each owner, compensated officer, or compensated employee engaged in lobbying activity on behalf of the In-House Lobbyist: _____

OK Charles Jones, Malcom Blanc

? If the Lobbyist is a sole proprietor or partnership of fewer than five (5) persons, state the name(s) of the sole proprietor or persons with an ownership interest in the business: _____

If the Lobbyist is a corporation (for-profit or non-profit), state the names of Officers and Agent for Service of Process: _____

OK Charles Jones (President), Malcom Blanc (Vice President), Tom N. Jerry (Agent for Service of Process)

and the name of any other officers listed with the Secretary of State

EXPENDITURE LOBBYIST

Specify how the Expenditure Lobbyist is organized:

- Sole Proprietorship
- Partnership
- Non-Profit Corporation
- For-Profit Corporation
- Other _____

Name of each person working for the Expenditure Lobbyist that is engaged in lobbying activity (if applicable): _____

If the Lobbyist is a sole proprietor or partnership of fewer than five (5) persons, state the name(s) of the sole proprietor or persons with an ownership interest in the business: _____

If the Lobbyist is a corporation (for-profit or non-profit), state the names of Officers and Agent for Service of Process: _____

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

SECTION I. CONTRACT LOBBYIST **CLIENT INFORMATION**

CLIENT INFORMATION

Client Name, Address and Telephone Number **Need Address, Telephone #** Effective Date **X See Prev. Report**
ACME, Inc. **X On-File**

Describe the nature and purpose of the Client's business.
OK Developer of mixed use residential and commercial projects **Need DATE**
X Real Estate

THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE CONTRACT LOBBYIST SEEKS TO INFLUENCE.

Describe in detail the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.
1. **X Various general issues related to real estate**
2. **OK Obtain a Planned Development zoning and permits from the City for real property located on the corner of Wile E. Drive and Albuquerque Avenue; To develop a mixed use residential and commercial complex. (PDC07-00)**
3.
4.

CONTACT INFORMATION

City Official Contacted: **Mayor Y** Individual Who Made Contact: **Charles Jones**
Identify Action: **X Meetings...phone calls...or emails** **← (Reference permits from (3) above)**
Date(s) of Contact: **List specific dates on this line**
Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: **Mr. Planning** Individual Who Made Contact: **Malcom Blanc**
Identify Action:
Date(s) of Contact:
Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted:
Individual Who Made Contact:
Identify Action:
Date(s) of Contact:
Contacts (1) (2-5) (6-10) (11 or more)

COMPENSATION

A disclosure (Form D) was filed with the Office of the City Clerk regarding all contingent compensation arrangements with this Client by: **Charles Jones** **One box below must be checked**
(Name of Filer)

The total compensation **promised or received** from the Client for **lobbyist services: (during preceding quarter)**
 \$0 \$1-\$500 \$1,001-\$10,000 \$100,001-\$200,000 \$300,001-\$400,000
 \$501-\$1,000 \$10,001-\$100,000 \$200,001-\$300,000 Over \$400,001

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

SECTION I. CONTRACT LOBBYIST **CLIENT INFORMATION**

CLIENT INFORMATION

Client Name, Address and Telephone Number Need Address, Telephone # Effective Date
Roadrunner, LLC X See Prev. Report
X On-File

Describe the nature and purpose of the Client's business. Need DATE
✓OK **Developer of mixed use residential and commercial projects**
X **Real Estate**

THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE CONTRACT LOBBYIST SEEKS TO INFLUENCE.

Describe in detail the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.
 1. X **Various general issues related to real estate**
 2.
✓OK **Obtain a Planned Development zoning and permits from the City for real property located on the corner of Wile E. Drive and Albuquerque Avenue; To develop a mixed use residential and commercial complex. (PDC07-00)**
 3.
 4.

CONTACT INFORMATION

City Official Contacted: **Mayor Y** Individual Who Made Contact: **Charles Jones**
 Identify Action: ✓OK **(Reference permits from (3))**
 Date(s) of Contact: ✓OK **10/12/07 11/17/07 11/28/07 12/10/07**
 Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: **Mr. Planning** Individual Who Made Contact: **Malcom Blanc**
 Identify Action:
 Date(s) of Contact:
 Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: Individual Who Made Contact:
 Identify Action:
 Date(s) of Contact:
 Contacts (1) (2-5) (6-10) (11 or more)

COMPENSATION

A disclosure (Form D) was filed with the Office of the City Clerk regarding all contingent compensation arrangements with this Client by: **Charles Jones** (Name of Filer)

The total compensation **promised or received** from the Client for **lobbyist services**:
 \$0 \$1-\$500 \$1,001-\$10,000 \$100,001-\$200,000 \$300,001-\$400,000
 \$501-\$1,000 \$10,001-\$100,000 ✓OK \$200,001-\$300,000 Over \$400,001

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

SECTION II. IN-HOUSE LOBBYIST

THE NATURE OF THE BUSINESS, ORGANIZATION OR ASSOCIATION.

Describe the nature and purpose of the business, organization or association.

X Development

OK Assist developers through the development process including [list actual services]

THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE IN-HOUSE LOBBYIST SEEKS TO INFLUENCE.

Describe in detail the legislative or administrative action(s) the In-House Lobbyist seeks to influence and the outcome sought.

1. **X Development Issues**

2. **X Construction Issues**

3. **OK General Plan amendment to provide for higher density developments**

4.

CONTACT INFORMATION

City Official Contacted: Mayor Y Individual Who Made Contact: Malcom Blanc

Identify Action: **OK General Plan development referenced above**

Date(s) of Contact: **OK 10/3/07 10/14/07 11/5/07 11/16/07 12/1/07 12/13/07**

Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: Mr. Planning Director Individual Who Made Contact: Malcom Blanc

Identify Action: **OK General Plan development referenced above**

Date(s) of Contact: **OK 2/10/2008 3/15/2008 3/28/2008**

Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: Thomas Council Individual Who Made Contact: Charles Jones

Identify Action: **OK General Plan development referenced above**

Date(s) of Contact: **OK 2/9/2008 3/2/2008 3/17/2008 3/28/2008**

Contacts (1) (2-5) (6-10) (11 or more)

City Official Contacted: _____ Individual Who Made Contact: _____

Identify Action: _____

Date(s) of Contact: _____

Contacts (1) (2-5) (6-10) (11 or more)

CONTINGENT COMPENSATION DISCLOSURE

A disclosure (Form D) was filed with the Office of the City Clerk regarding all contingent compensation arrangements with owners, officers and employees engaged in lobbying activity on its behalf. This disclosure was filed by Charles Jones.
(Name of Filer)

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

IV. ADDITIONAL DISCLOSURES

I have reviewed the schedules and forms and I have nothing to report.

Attached to this Report is/are the following Schedule(s) or Form(s): (check all that apply)

Schedule A – Campaign/Officeholder Contributions, Independent Expenditure, Fundraising, Donation

Schedule B – Payment for Consultant or Other Services

? Schedule C – Activity Expenses

Form D – Lobbyist Disclosure of Contingent Compensation (May File Separately)

Form E – Lobbyist Annual Registration and Client Renewal

Form F – Contract Lobbyist Client Notice of Termination (May File Separately)

Form G – Contract Lobbyist Notice of New Client (May File Separately)

V. FEES DUE

Lobbyist Registration Fee (January 1 – June 29) (\$350)

Initial Registration fees here

\$ _____

Pro -Rated Registration Fee (June 30 – December 31) (\$175)

\$ _____

Contract Lobbyist Client Fee (\$60) x Number of Clients (_____)

\$ _____

Form E: Annual Lobbyist Registration Renewal (\$350)

Annual Renewal fees here

\$ 350.00

Form E: Annual Contract Lobbyist Client Fee Renewal (\$60) x Number of Clients (2)

\$ 120.00

Total Payment Due With Report

\$ 470.00

Note: Consult with the Office of the City Clerk to determine if you are subject to late fees in addition to the payment due above.

VERIFICATION

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the San Jose Municipal Code (Chapter 12.12). I certify under penalty of perjury under the laws of the State of California that I have reviewed this Lobbyist Report and to the best of my knowledge the information contained herein is true and complete.

Print Name _____

Title _____


Signature _____

Executed On _____

(month, day, year)

No modifications may be made to the Verification section. Reports will be incomplete if verification is modified.

Form with Errors

<p>SCHEDULE A (SECTIONS I-III)</p> <p>CAMPAIGN AND OFFICEHOLDER CONTRIBUTIONS; INDEPENDENT EXPENDITURES; FUNDRAISING; AND DONATIONS</p> <p>(SJMC §§ 12.12.420.A, B, C, D, and E)</p> <p>SEE INSTRUCTIONS ON REVERSE File Original With The City Clerk</p>		
For Official Use Only		Page <u>1</u> of <u>2</u>

I. Disclose all campaign and officeholder contributions (monetary and non-monetary) made, delivered, or acted as an intermediary for by the Lobbyist or any person acting on behalf of the Lobbyist during the preceding calendar quarter to any elected City Official or candidate for City office.

Date of Contribution	Contribution Amount or Description of In-Kind Contribution	Contributor's Name (if other than Lobbyist)	Beneficiary's Name, Office and/or Campaign	Check All That Apply:
11/24/07	\$ 100.00	ACME Inc.	Mayor Y	<input type="checkbox"/> Contributed <input checked="" type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary

Disclose all campaign and officeholder contributions (monetary and non-monetary) made at the behest of any City Official during the preceding calendar quarter to any other elected public official or candidate for public office.

Date of Contribution	Contribution Amount or Description of In-Kind Contribution	Contributor's Name (if other than Lobbyist)	Beneficiary's Name, Office and/or Campaign	Check All That Apply:	Name of the City Official that made the Request
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	

III. Disclose all independent expenditures made during the preceding calendar quarter on behalf of a City Official or candidate for City Office.

Date of Independent Expenditure	Amount or Value of the Independent Expenditure	Beneficiary's Name, Office and/or Campaign
	\$	
	\$	

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

SCHEDULE A (SECTIONS IV-V)

Campaign and Officeholder Contributions; Independent Expenditures; Fundraising; Donations

SEE INSTRUCTIONS ON REVERSE
File Original With The City Clerk

IV. Disclose all fundraising for any elected City Official, candidate for City Office, political action committee, political party, or candidate for office of a government organization made during the preceding calendar quarter at the behest of a City Official.


Date of Contribution	Contribution Amount	Contributor's Name (if other than Lobbyist)	Beneficiary's Name, Office and/or Campaign	Check All That Apply:	Name of City Official that made the Request.
10/31/2007	\$ 250.00	Jonathon Washington	Mr. T. Council	<input type="checkbox"/> Contributed <input checked="" type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	Mr. T. Council
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	
	\$			<input type="checkbox"/> Contributed <input type="checkbox"/> Delivered For <input type="checkbox"/> Intermediary	

V. Disclose all donations, contributions, or payments to an organization made during the preceding calendar quarter at the behest of a City Official or candidate for City Office of **more than \$1,000** in the aggregate.

Date of Donation, Contribution, or Payment	Beneficiary's Name and Address	Description of the Donation	Value of the Donation	Name of City Official or Candidate that made the Request.	Date of the Request
11/18/07	Nonprofit A Inc.	Monetary	× \$ 500.00	Mayor Y	10/1/07
12/18/07	Nonprofit B Inc.	Grocery store gift certificates	\$1,200.00	Mr. T. Council	12/8/07
			\$		
			\$		

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

Form with Errors


<p>SCHEDULE B</p> <p>PAYMENT FOR CONSULTANT AND OTHER SERVICES</p> <p>(SJMC § 12.12.420.F)</p> <p>SEE INSTRUCTIONS ON REVERSE File Original With The City Clerk</p>	<p>For Official Use Only</p>	
		<p>✓ OK Page <u>8</u> of <u>10</u></p>

Disclose any payment received in the preceding calendar quarter for services to the City of San Jose; Redevelopment Agency; and elected City Official, City Official-Elect, and/or their controlled committees or officeholder committees.

Date of Payment	Payment Received From: (Check All That Apply)	Description of Service	Date(s) of Service	Amount of Payment
10/13/07	<input checked="" type="checkbox"/> City of San Jose <input type="checkbox"/> Redevelopment Agency <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect _____ <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect _____	Survey and engineering services for the public works project located on the corner of XYZ Street and Santa Clara.	8/15/07 8/23/07 9/21/07 10/22/07 11/14/07 12/10/07	\$ 65,000
10/25/07	<input type="checkbox"/> City of San Jose <input checked="" type="checkbox"/> Redevelopment Agency <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect _____ <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect _____	X See Contract on File	9/11/07	\$ 31,567
12/29/07	<input type="checkbox"/> City of San Jose <input type="checkbox"/> Redevelopment Agency <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect _____ <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect _____	X See Contract on File	?	\$ 6,356
	<input type="checkbox"/> City of San Jose <input type="checkbox"/> Redevelopment Agency <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect _____ <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect _____			\$

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

Form with Errors


<p>SCHEDULE C</p> <p>ACTIVITY EXPENSES</p> <p>(SJMC § 12.12.420.H)</p> <p>SEE INSTRUCTIONS ON REVERSE File Original With The City Clerk</p>		
For Official Use Only		Page <u>13</u> of <u>17</u>

Disclose all activity expenses in the preceding calendar quarter that directly benefit a City Official, City Official-Elect, or member of his or her immediate family or domestic partner. Activity Expenses include payments, gifts as defined by Chapter 12.08, honoraria, consulting fees, salaries, and other forms of compensation.

Date of Activity Expense	Name of Payor	Name of City Official or City Official-Elect Benefiting Including Benefits to Immediate Family and Domestic Partner	Description of the Activity Expense	Amount or Value of Activity Expense
9/29/07	Charles Jones	Mrs. Councilmember Z's wife	Purchase 1 ticket to fundraiser sponsored by Nonprofit Inc.	\$ 145.00
12/15/07	Malcom Blanc	Mr. Z. Councilmember	Wine and cheese reception	\$ 75.00
12/27/07	Tom N. Jerry	Mr. A. Councilmember	Starbucks	\$ 10.00
				\$
				\$
TOTAL ACTIVITY EXPENSES				\$ 230.00

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.

Form with Errors

FORM D LOBBYIST DISCLOSURE of CONTINGENT COMPENSATION (SJMC § 12.12.310) <input type="checkbox"/> This is an AMENDMENT to the Form D filed on: _____ SEE INSTRUCTIONS ON REVERSE File Original with the City Clerk	For Official Use Only	 Page <u>1</u> of <u>2</u>
NAME OF LOBBYIST: Smith Consulting, LLC	TELEPHONE NUMBER: (408) 535-1260	
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) 1234 Fisher Street San José, CA 95125	FAX NUMBER: (408) 292-6207	
Client Name, Address, and Telephone Number: (For Contract Lobbyist Only) ACME Inc. 7351 Orchard Park Ave., San Jose, CA 95124 (408) 974-7998	Date Entered Into Contingent Compensation Arrangement: June 1, 2007	
Specify the nature and purpose of the Client's business: (For Contract Lobbyist Only) Land Use: Develop mixed use residential and commercial shopping centers.		
List (1) the name of each individual working for the Contract Lobbyist to engage in lobbying activity on behalf of the Client ; or (2) the name of the owner, compensated officer, and compensated employee engaged in lobbying activity on behalf of the In-House Lobbyist.		
1. Charles Jones _____ 2. Malcom Blanc _____ 3. Tom N. Jerry _____ 4. _____		
Describe in <u>detail</u> the legislative or administrative action the Lobbyist seeks to influence and the outcome sought.		
Assist the client by facilitating the process to obtain a Planned Development zoning and permits from the City for real property located on the corner of Wile E. Drive and Albuquerque Ave. to develop a mixed use residential and commercial complex. (PDC07-00)		
<input type="checkbox"/> This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.		

Lobbyist Contingent Compensation Disclosure

SEE INSTRUCTIONS ON REVERSE

File Original with the City Clerk

Describe the **non-lobbyist services** you provide under the contingent compensation arrangement:

Examples:

Legal services, brokerage services, architectural and engineering services

If total contingent compensation for **non-lobbyist services** can be calculated at this time, specify the approximate total compensation:

- | | | | | |
|------------------------------|--|--|--|--|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$1-\$500 | <input type="checkbox"/> \$1,001-\$10,000 | <input type="checkbox"/> \$100,001-\$200,000 | <input type="checkbox"/> \$300,001-\$400,000 |
| | <input type="checkbox"/> \$501-\$1,000 | <input checked="" type="checkbox"/> \$10,001-\$100,000 | <input type="checkbox"/> \$200,001-\$300,000 | <input type="checkbox"/> Over \$400,001 |

If total contingent compensation for non-lobbyist services cannot be calculated at this time, provide a brief description of the basis for determining the compensation and the legislative/administrative action and/or additional events that must occur before the Lobbyist is entitled to receive compensation:

**The following is a sample only.
Your disclosure should reflect the actual terms of the understanding,
agreement or contract.**

We are compensated separately on an hourly basis for our lobbying services. We have an understanding with our client, ACME Inc., that once they have secured the Planned Development permit, that our firm will receive compensation for the civil engineering and architectural services already rendered for this anticipated project in the amount indicated above. In addition, we will be retained for additional civil engineering and architectural services needed on the project once the permits are secured. It is unclear at this time the extent of services that may be needed for this project and therefore we cannot calculate the full compensation we may receive for work to be rendered. Generally, a project of this magnitude would require services that are in the range above \$400,000. We will file an amended Form D when the basis for calculating the compensation for work to be rendered can be determined.

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VERIFICATION

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the San Jose Municipal Code (Chapter 12.12). I have used all reasonable diligence in preparing this Contingent Compensation Disclosure. I certify under penalty of perjury under the laws of the State of California that I have reviewed the Contingent Compensation Disclosure and to the best of my knowledge the information contained herein is true and complete.

Print Name Malcom Blanc

Title Vice President

Signature 

Executed On October 15, 2007
(month, day, year)

Form with Errors

FORM E Filed January 15th each Year for previously registered Lobbyists LOBBYIST ANNUAL REGISTRATION AND CLIENT RENEWAL (SJMC §§ 12.12.400.B and 12.12.440.C) SEE INSTRUCTIONS ON REVERSE File Original with the City Clerk	 For Official Use Only	
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<input checked="" type="checkbox"/> This Renewal covers January 1 through December 31, <u>2008</u> (year).	Page ____ of ____
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NAME OF LOBBYIST: <p style="text-align: center;">Smith Consulting, LLC</p>	TELEPHONE NUMBER: (415) 555-1212
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BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) <p style="text-align: center;">1234 Fisher Street, San Jose, CA 95125</p>	FAX NUMBER: (415) 555-1213
---	---------------------------------

MAILING ADDRESS: (If different than above)	E-MAIL: cjones@roadrunner.com mblanc@roadrunner.com
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CLIENT INFORMATION (CONTRACT LOBBYIST ONLY)

Client Name, Address, and Telephone Number <p style="text-align: center;">ACME Inc. 7351 Orchard Park Avenue San Jose CA 95113</p>	Phone # ?	Effective Date <p style="text-align: center;">X 1/15/2008</p>
--	-----------	---

Client Name, Address, and Telephone Number <p style="text-align: center;">✓ OK Roadrunner, LLC, 978 Market St, San Jose CA 95113 415-231-1231</p>	List dates of original contracts	Effective Date <p style="text-align: center;">1/1/2006</p>
---	----------------------------------	--

Client Name, Address, and Telephone Number		Effective Date
--	--	----------------

Client Name, Address, and Telephone Number		Effective Date
--	--	----------------

Client Name, Address, and Telephone Number		Effective Date
--	--	----------------

Client Name, Address, and Telephone Number		Effective Date
--	--	----------------

Client Name, Address, and Telephone Number		Effective Date
--	--	----------------


Client Name, Address, and Telephone Number		Effective Date
--	--	----------------

This page may be duplicated. If more space is needed, check box and fill out a duplicate continuation sheet.


Contract Lobbyists must also list and submit client fees by Jan 15th for:

- all Clients who have previously met the original threshold of **>\$500 compensation**
- all Clients who have not been terminated **(Form F)**

Form with Errors

<p>FORM F Not a Lobbyist Termination</p> <p>CONTRACT LOBBYIST CLIENT NOTICE OF TERMINATION</p> <p>SEE INSTRUCTIONS ON REVERSE File Original with the City Clerk</p>	<p>For Official Use Only</p> <p style="color: red; text-align: center;">If Filed w/ other reports continue numbering – e.g. 5 of 6</p>	<div style="text-align: center;">  </div> <p style="text-align: center;">Page ____ of ____</p>
<p>NAME OF CONTRACT LOBBYIST:</p> <p style="text-align: center;">Smith Consulting, LLC</p>	<p>TELEPHONE NUMBER:</p> <p style="text-align: center;">(415) 555-1212</p>	
<p>BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)</p> <p style="text-align: center;">1234 Fisher Street Suite 300 San José, CA 95125</p>	<p>FAX NUMBER:</p> <p style="text-align: center;">(415) 555-1213</p>	
<p>MAILING ADDRESS: (If different than above)</p>	<p>E-MAIL:</p> <p style="text-align: center;">cjones@smithconsulting.com mblanc@smithconsulting.com</p>	
<p>CLIENT NAME, ADDRESS, AND TELEPHONE NUMBER:</p> <p style="text-align: center;">X Smith Consulting, LLC 1234 Fisher Street San José, CA 95125 415-555-7890</p> <p style="color: red; text-align: center;">If <u>Lobbyist Termination</u> See <u>Checkbox on</u> Lobbyist Report</p>	<p>EFFECTIVE DATE OF TERMINATION:</p> <p style="text-align: center;">January 1, 2008</p>	
VERIFICATION		
<p>I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the San Jose Municipal Code (Chapter 12.12). I certify under penalty of perjury under the laws of the State of California that I have reviewed the Notice of Termination and to the best of my knowledge the information contained herein is true and complete.</p>		
<p>Print Name <u>Charles Jones</u></p>	<p>Title <u>President</u></p>	
<p>Signature <u>Missing Signature -- Again</u></p>	<p>Executed On <u>January 13, 2008</u> (month, day, year)</p>	

Form with Errors

<p>FORM G Filed Quarter following compensation threshold of >\$500</p> <p>CONTRACT LOBBYIST NOTICE OF NEW CLIENT</p> <p>SEE INSTRUCTIONS ON REVERSE File Original with the City Clerk</p>	<p>For Official Use Only</p> <p>If Filed w/ other reports continue numbering – e.g. 5 of 6</p>	 <p>Page ___ of ___</p>
<p>NAME OF CONTRACT LOBBYIST:</p> <p style="text-align: center;">Smith Consulting, LLC</p>	<p>TELEPHONE NUMBER:</p> <p style="text-align: center;">(415) 555-1212</p>	
<p>BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)</p> <p style="text-align: center;">1234 Fisher Street San José, CA 95125</p>	<p>FAX NUMBER:</p> <p style="text-align: center;">(415) 555-1213</p>	
<p>MAILING ADDRESS: (If different than above)</p>	<p>E-MAIL:</p> <p>cjones@smithconsulting.com mblanc@smithconsulting.com</p>	
CLIENT INFORMATION		
<p>CLIENT NAME, ADDRESS, AND TELEPHONE NUMBER:</p> <p style="text-align: center;">Roadrunner, LLC 415-231-1231 978 Market Street San José, CA 95113</p>	<p>EFFECTIVE DATE OF REPRESENTATION</p> <p style="text-align: center;">March 17, 2005</p>	
<p>Specify the nature and purpose of the Client's business.</p> <p style="text-align: center;">X Construction</p> <p style="text-align: center;">✓OK Developer of affordable housing</p>		
THE LEGISLATIVE OR ADMINISTRATIVE ACTION(S) THE CONTRACT LOBBYIST SEEKS TO INFLUENCE.		
<p>Describe in <u>detail</u> the legislative or administrative action(s) the Contract Lobbyist was retained to influence and the outcome sought.</p> <p style="text-align: center;">X Various general issues related to construction</p>		
VERIFICATION		
<p>I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the San Jose Municipal Code (Chapter 12.12). I certify under penalty of perjury under the laws of the State of California that I have reviewed the Notice of New Client and to the best of my knowledge the information contained herein is true and complete.</p>		
<p>Print Name _____</p>	<p>Title _____</p>	
<p>Signature _____</p>	<p>Executed On _____ (month, day, year)</p>	