

Period Covered:
 From 10/1/2016
 To 12/31/2016

CITY OF SAN DIEGO

LOBBYING FIRM QUARTERLY DISCLOSURE REPORT [Form EC-603]

For Official Use Only

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Check Box if an Amendment (explain: amendment to Schedule C)

Check Box if Terminating Status as a Lobbying Firm

Identify the Firm:

<u>Responsible Solutions LLC</u>		_____	
Name of Lobbying Firm		Telephone Number	
_____		<u>San Diego</u>	<u>CA</u>
Business Address (Number & Street)		(City)	(State) <u>92106</u> (Zip)

Disclosure Schedules:

Schedule A: Client Disclosure. You must complete Schedule A-1 or A-2 for each registered client.

Check box (and attach schedule) if the firm has activity to report on this schedule for the reporting period.
 Check box (do not attach schedule) if the firm has no activity to report on this schedule for the reporting period.

YES	NO	You <u>MUST</u> check one box for each of the following schedules.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule B: Activity Expenses. Activity expenses made during the reporting period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Schedule C: Candidate Contributions. Contributions of \$100 or more made to support or oppose a City candidate during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule D: Ballot Measure Contributions. Contributions of \$100 or more made to a City candidate-controlled ballot measure committee during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule E: Fundraising Activities. Fundraising activities by owners, officers, and lobbyists in the amount of \$2,000 or more during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule F: Campaign Services. Paid campaign-related services personally provided by owners, officers, and lobbyists during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule G: City Contract Services. Paid services personally provided by owners, officers, and lobbyists under a City contract during the reporting period.

VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have exercised reasonable diligence in the course of reviewing this Quarterly Disclosure Report for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Quarterly Disclosure Report, including all attached schedules, are true, correct, and complete, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on 03/03/2017 at San Diego
 (Date) (City and State)

By: _____ Ildiko (Lani) Lutar _____ President
 (Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts) Page 2 of 4

Name of Lobbying Firm: Responsible Solutions LLC

Fill out a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: Sempra Services, Corp. Telephone No.: _____

Client's Address (Number & Street) _____ (City) San Diego (State) CA (Zip) 92101

TOTAL COMPENSATION for all decisions lobbied on for the client, to the nearest \$1,000: \$ 975.00

Check this box if the firm lobbied for this client on a contingency basis during the reporting period.

MUNICIPAL DECISION (per Registration, plus specifics if necessary): Climate Action Plan (CAP) implementation and greenhouse gas emission (GHG) reduction strategies.

A. Outcome Sought (per Registration, plus specifics if necessary): Reduce GHGs cost-effectively for all San Diegans.

B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision:

Ildiko (Lani) Lutar

C. Name and Department of each City Official lobbied:

Name: <u>Stephen Puetz</u>	Department: <u>Office of the Mayor</u>
Name: <u>Mike Hansen</u>	Department: <u>Office of Mayor Faulconer</u>
Name: <u>Jack Straw</u>	Department: <u>Office of Councilmember Scott Sherman</u>
Name: <u>Kevin Faulconer</u>	Department: <u>City of San Diego</u>
Name: <u>Chris Cate</u>	Department: <u>Councilmember, District 6</u>
Name: <u>Ian Clampett</u>	Department: <u>Council District 6</u>
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

Comments: _____

If more space is needed, check box and attach continuation sheet(s).

SCHEDULE A-2: CLIENT DISCLOSURE (No Lobbying Contacts)

Name of Lobbying Firm: Responsible Solutions LLC

Complete a box for each registered client for whom the Lobbying Firm had no lobbying contacts during the reporting period.

NAME OF CLIENT: <u>AECOM</u>		Telephone No.:	
Client's Address (Number & Street)	<u>La Jolla</u> (City)	<u>CA</u> (State)	<u>92037</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>0.00</u>			

NAME OF CLIENT: <u>El Monte Nature Preserve</u>		Telephone No.:	
Client's Address (Number & Street)	<u>Bonita</u> (City)	<u>CA</u> (State)	<u>91902</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>0.00</u>			

NAME OF CLIENT: _____		Telephone No.:	
Client's Address (Number & Street)	_____ (City)	_____ (State)	_____ (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: _____		Telephone No.:	
Client's Address (Number & Street)	_____ (City)	_____ (State)	_____ (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: _____		Telephone No.:	
Client's Address (Number & Street)	_____ (City)	_____ (State)	_____ (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

NAME OF CLIENT: _____		Telephone No.:	
Client's Address (Number & Street)	_____ (City)	_____ (State)	_____ (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ _____			

Comments: _____

If more space is needed, check box and attach continuation sheet(s).

SCHEDULE C: CAMPAIGN DISCLOSURE – CITY CANDIDATES

Name of Lobbying Firm: Responsible Solutions LLC

Fill out a separate entry for EACH contribution made by the firm or any of its owners, compensated officers, lobbyists, or sponsored committees that contributed \$100 or more during the reporting period to a City candidate's election committee or a City candidate's (or elected official's) professional expense committee, or to a committee primarily formed to support or oppose a City candidate.

Name of entity/person making the contribution: <u>Ildiko (Lani) Lutar</u>	
Name of committee: <u>Mara Elliott for City Attorney</u>	
Date contribution made: <u>12/16/2016</u>	Amount of contribution: \$ <u>500.00</u>

Name of entity/person making the contribution: <u>Ildiko (Lani) Lutar</u>	
Name of committee: <u>Hickey for City Attorney 2016</u>	
Date contribution made: <u>10/22/2016</u>	Amount of contribution: \$ <u>788.50</u>

Name of entity/person making the contribution: _____	
Name of committee: _____	
Date contribution made: _____	Amount of contribution: \$ _____

Name of entity/person making the contribution: _____	
Name of committee: _____	
Date contribution made: _____	Amount of contribution: \$ _____

Name of entity/person making the contribution: _____	
Name of committee: _____	
Date contribution made: _____	Amount of contribution: \$ _____

Comments: _____

If more space is needed, check box and attach continuation sheet(s).