

Period Covered:  
 From 01/1/2018  
 To 03/31/2018

# CITY OF SAN DIEGO

## LOBBYING FIRM QUARTERLY DISCLOSURE REPORT [Form EC-603]

For Official Use Only

E-Filed  
 05/08/2018  
 15:59:27  
 Filing ID:  
 171435408

Total # of Pages: 5

Check Box if an Amendment (explain: Name correction, Schedule A-1.  
 \_\_\_\_\_)

Check Box if Terminating Status as a Lobbying Firm

**Identify the Firm:**

<u>Responsible Solutions LLC</u>		_____	
Name of Lobbying Firm		Telephone Number	
_____		_____	
Business Address (Number & Street)		San Diego	CA 92106
		(City)	(State) (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 <b><u>MUST</u></b> check one box for each of the following schedules.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Schedule B: Activity Expenses.</b> Activity expenses made during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Schedule C: Candidate Contributions.</b> Contributions of \$100 or more made to support or oppose a City candidate during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Schedule D: Ballot Measure Contributions.</b> Contributions of \$100 or more made to a City candidate-controlled ballot measure committee during the reporting period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Schedule E: Fundraising Activities.</b> 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"/>	<b>Schedule F: Campaign Services.</b> Paid campaign-related services personally provided by owners, officers, and lobbyists during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Schedule G: City Contract Services.</b> 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 05/08/2018 at San Diego, CA  
 (Date) (City and State)

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

# SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts) Page 2 of 5

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: \$ 18,000.00

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): See attachment 1.

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>Kevin Smith</u>	Department: <u>District 8</u>
Name: <u>Travis Knowles</u>	Department: <u>Office of Councilmember David Alvarez</u>
Name: <u>David Alvarez</u>	Department: <u>District 8</u>
Name: <u>Kevin Faulconer</u>	Department: <u>City of San Diego</u>
Name: <u>Aimee Faucett</u>	Department: <u>Office of Mayor Faulconer</u>
Name: <u>Myrtle Cole</u>	Department: <u>District 4</u>
Name: <u>Chris Cate</u>	Department: <u>District 6</u>
Name: <u>Scott Chadwick</u>	Department: <u>Citywide</u>
Name: <u>Elyse Lowe</u>	Department: <u>Office of Mayor Faulconer</u>
Name: <u>Jimmie Slack</u>	Department: <u>District 4</u>
Name: _____	Department: _____

Comments: \_\_\_\_\_

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

Responsible Solutions LLC  
For quarter 01/1/2018 to 03/31/2018  
Schedule A-1  
Attachment 1  
Sempra Services, Corp.

Outcome Sought: Reduce GHGs cost-effectively and equitably for San Diegans. Evaluation of Community Choice Aggregation should ensure that there will be real, incremental GHG reductions from building of new renewable resource projects and takes into account new and pending regulatory and legislative changes such as the exit fee.

# 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.

<b>NAME OF CLIENT:</b> <u>Rancho Guejito</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Escondido</u> (City)	<u>CA</u> (State)	<u>92027</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>0.00</u>			

<b>NAME OF CLIENT:</b> <u>Tactical Air Operations</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Jamul</u> (City)	<u>CA</u> (State)	<u>91935</u> (Zip)
Contingency fees earned for lobbying performed in a previous reporting period (to the nearest \$1,000): \$ <u>0.00</u>			

<b>NAME OF CLIENT:</b> _____		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): \$ _____			

<b>NAME OF CLIENT:</b> _____		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): \$ _____			

<b>NAME OF CLIENT:</b> _____		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): \$ _____			

<b>NAME OF CLIENT:</b> _____		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 E: FUNDRAISING ACTIVITIES

Name of Lobbying Firm: Responsible Solutions LLC

Fill out a separate entry for EACH instance in the reporting period where an owner, compensated officer, or lobbyist of the firm engaged in fundraising activities:

<p>Description of fundraising activity: <u>Co-hosted a fundraising reception.</u></p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: <u>Ildiko (Lani) Lutar</u></p> <p>Name of committee benefiting from fundraising: <u>Myrtle Cole for City Council 2018</u></p> <p>_____</p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: <u>March 28, 2018</u></p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ <u>4,563.00</u></p> <p><input checked="" type="checkbox"/> Check box if the individual engaged in fundraising activity with other persons (e.g., multiple hosts for event).</p>
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<p>Description of fundraising activity: _____</p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: _____</p> <p>Name of committee benefiting from fundraising: _____</p> <p>_____</p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: _____</p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ _____</p> <p><input type="checkbox"/> Check box if the individual engaged in fundraising activity with other persons (e.g., multiple hosts for event).</p>
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<p>Description of fundraising activity: _____</p> <p>_____</p> <p>Name of individual in firm who engaged in fundraising activity: _____</p> <p>Name of committee benefiting from fundraising: _____</p> <p>_____</p> <p>Description of ballot measure (if applicable): _____</p> <p>Date(s) of fundraising activity: _____</p> <p>Approximate total amount raised (do not divide by number of persons involved): \$ _____</p> <p><input type="checkbox"/> Check box if the individual engaged in fundraising activity with other persons (e.g., multiple hosts for event).</p>
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Comments: \_\_\_\_\_

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