

Calendar Year  
**2019**

# CITY OF SAN DIEGO

## LOBBYING FIRM REGISTRATION FORM [Form EC-601]

For Official Use Only

E-Filed  
03/13/2019  
12:25:57  
Filing ID:  
177792695

Lobbyists Added: \_\_\_\_\_ 0

Clients Added: \_\_\_\_\_ 1

Fees Due: \$ \_\_\_\_\_ 31.09

Check Box if an Amendment (explain: To add one new client)

Total Number of Pages: 7 (including cover sheet)

**Identify the Firm.**

Procopio, Cory, Hargreaves & Savitch LLP			
Name of Lobbying Firm		Telephone Number	
Business Address (Number & Street)		(City)	(State) (Zip)
		San Diego	CA 92101

**Schedule A: Lobbyist Disclosure.** Complete this schedule by identifying each individual in the firm who has lobbied the City during the 30 days prior to registration, or is expected to lobby the City during the year.

**Schedule B: Client Disclosure.** Complete this schedule by identifying each client for whom the firm provides lobbying services.

**Schedule C: Activities Disclosure.** Complete this schedule if any "Yes" boxes are checked.

Check box if the firm has information to report regarding the applicable activity.  
 Check box if the firm has no information to report regarding the applicable activity.

YES	NO	You <b>MUST</b> check one box for each part of Schedule C.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Part 1: Fundraising Activities.</b> Owners, compensated officers, and lobbyists who engaged in "fundraising activities" for the benefit of a current elected City Official within the last two years.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Part 2: Campaign Services.</b> Owners, compensated officers, and lobbyists who provided compensated campaign services to an elected City Official within the last two years.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Part 3: Contract Services.</b> Owners, compensated officers, and lobbyists who provided compensated services under a City contract within the last two years.

**Schedule D: Deleting Clients & Lobbyists (Amendment Only).** Complete this schedule if removing clients or lobbyists from your registration (must check the amendment box above).

### VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have reviewed and understand the requirements of the Lobbying Ordinance (San Diego Municipal Code §§ 27.4001-27.4055). I have exercised reasonable diligence in the course of reviewing this Registration Form for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Registration Form, 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 03/13/2019 at San Diego, CA  
(Date) (City and State)

By: \_\_\_\_\_  
(Signature) Carole Buckner (Print Name) Partner (Title)

Email address for a point of contact within the firm (optional): \_\_\_\_\_

**Registration terminates every January 5; annual re-registration is required.**

# SCHEDULE A: LOBBYIST DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

**Identify the Firm's Lobbyists.** List the name of each individual in the firm who has lobbied City Officials during the 30 days prior to registration, or is expected to lobby City Officials during the year.

Name of Individual

Name of individual

Justine K. Nielsen

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

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

<b>CLIENT'S NAME:</b> <u>Inn at Sunset Cliffs</u>		Telephone No.: _____		
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u>	<u>92107</u>
		(City)	(State)	(Zip)
Nature and Purpose of Client's Business: <u>Hotel</u>				
Specific or General Municipal Decisions (see instructions): <u>Approval of EIR, Coastal Development Permit and Site Development Permit for retroactive permitting of a deck.</u>				
Outcome(s) sought: <u>Approval of permits and certification of EIR.</u>				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				
_____				
_____				
_____				

<b>CLIENT'S NAME:</b> _____		Telephone No.: _____		
Client's Address	(Number & Street)	(City)	(State)	(Zip)
Nature and Purpose of Client's Business: _____				
Specific or General Municipal Decisions (see instructions): _____				
Outcome(s) sought: _____				
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):				
_____				
_____				
_____				

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

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

<b>CLIENT'S NAME:</b> <u>KIPP San Diego</u>		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	<u>San Diego</u>	<u>CA</u> <u>92101</u>
		(City)	(State) (Zip)
Nature and Purpose of Client's Business: <u>Charter School</u>			
Specific or General Municipal Decisions (see instructions): <u>Substantial Conformance Review for charter school at 404 Euclid Avenue.</u>			
Outcome(s) sought: <u>Approval of Substantial Conformance Review for charter school at 404 Euclid Avenue.</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			
_____			
_____			
_____			

<b>CLIENT'S NAME:</b> _____		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	(City)	(State) (Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			
_____			
_____			
_____			

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

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

<b>CLIENT'S NAME:</b> <u>SNH Medical Office Properties Trust</u>		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	<u>Newton</u>	<u>MA</u> <u>02458</u>
		(City)	(State) (Zip)
Nature and Purpose of Client's Business: <u>Real estate investment</u>			
Specific or General Municipal Decisions (see instructions): <u>Development approvals related to redevelopment of existing buildings located at 3030, 3040, 3050 Science Park Road, San Diego, CA. Specific approvals unknown at this time.</u>			
Outcome(s) sought: <u>Approval.</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			
_____			
_____			
_____			

<b>CLIENT'S NAME:</b> _____		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	(City)	(State) (Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions):			
_____			
_____			
_____			

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

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

<b>CLIENT'S NAME:</b> <u>City Office REIT, Inc.</u>	<b>Telephone No.:</b> _____		
Client's Address (Number & Street)	<u>Dallas</u>	<u>TX</u>	<u>95201</u>
	(City)	(State)	(Zip)
Nature and Purpose of Client's Business: <u>Real estate developer</u>			
Specific or General Municipal Decisions (see instructions): <u>Approval of residential uses at property located at 5975 Pacific Mesa Court, San Diego; specific Municipal Decision not yet identified.</u>			
Outcome(s) sought: <u>Approval of residential uses at property located at 5975 Pacific Mesa Court, San Diego.</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

<b>CLIENT'S NAME:</b> _____	<b>Telephone No.:</b> _____		
Client's Address (Number & Street)	_____	_____	_____
	(City)	(State)	(Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

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

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

# SCHEDULE B: CLIENT DISCLOSURE

Name of Lobbying Firm: Procopio, Cory, Hargreaves & Savitch LLP

<b>CLIENT'S NAME:</b> <u>Hawkins Way Properties, LLC</u>		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	<u>Los Angeles</u>	<u>CA</u>
		(City)	(State)
			<u>90025</u>
			(Zip)
Nature and Purpose of Client's Business: <u>Real estate investments</u>			
Specific or General Municipal Decisions (see instructions): <u>SRO conversion permits and construction permits for hotel located at 1037-1039 Fourth Avenue, San Diego.</u>			
Outcome(s) sought: <u>Approval of SRO conversion permits and construction permits for hotel located at 1037-1039 Fourth Avenue, San Diego.</u>			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

<b>CLIENT'S NAME:</b> _____		<b>Telephone No.:</b> _____	
Client's Address	(Number & Street)	(City)	(State)
			(Zip)
Nature and Purpose of Client's Business: _____			
Specific or General Municipal Decisions (see instructions): _____			
Outcome(s) sought: _____			
If this client is a coalition or membership organization, state the name, address, and telephone number of each member of the coalition who has reached the \$1,000 threshold (see instructions): _____ _____ _____			

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

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