

Office of the City Auditor  
1221 SW 4th Ave Room 140  
Portland, OR 97204



Phone: 503-823-4078  
Fax: 503-823-4571  
www.portlandonline.com/auditor

AUD 212-D (01/06)

Code Section 2.12.070

**City of Portland  
City Official Quarterly Statement**

AUDITOR 04/09/12 PM 3:47

**Quarter Ending:** March 31 2012

**1. City Official Information**

**Name:** Leonard, Randy  
**Title:** Commissioner

**2. Gifts, Meals or Entertainment Received**

List any gifts, meals or entertainment in excess of \$25.00 received from a lobbying entity or any person authorized to lobby on the lobbying entity's behalf, including the name of the lobbying entity and if applicable name of lobbyist, subject of lobbying, value of gift, meal or entertainment, and date of receipt.

No Personal Benefits to Report

☒ I affirm that I have not received any gifts, meals or entertainment in excess of \$25.00 from a lobbying entity or authorized lobbyist this calendar quarter.

Date	Entity	Lobbyist(s)	Subject(s)	Other	Value	Description
------	--------	-------------	------------	-------	-------	-------------

**3. Gifts or Donations Received**

List any gifts or donations of personal or real property to the City that a lobbyist or lobbying entity has agreed to make upon request by a City Official including the name of the lobbying entity and if applicable name of lobbyist, gift or donation requested by the City Official, the date of request, and the purpose of the donation.

No City Benefits to Report

☒ I affirm that no lobbying entity agreed to make gifts or donations of personal or real property to the City this calendar quarter based on a request from me.

Date	Entity	Lobbyist(s)	Benefit	Purpose
------	--------	-------------	---------	---------

**4. Declaration**

By signing this document, I acknowledge and affirm under the penalties of false swearing the statements made on this form and that I understand that penalties may be imposed under City Code Chapter 2.12.

City Official signature

Date

*[Signature]*  
4/5/12

To complete your registration, please sign and date this statement. Mail or fax the signed statement to:

City of Portland  
Office of the City Auditor  
1221 SW 4th Avenue Room 140  
Portland, OR 97204  
FAX 503-823-4571