

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



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AUD 212-D (01/06)

Code Section 2.12.070

**City of Portland  
City Official Quarterly Statement**

**Quarter Ending:** June 30 2010

**1. City Official Information**

**Name:** Yocom, Jennifer  
**Title:** At-will staff for Mayor Adams

**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
06/18/2010	Unregistered Entity	Highlight This Line, Enter Data in "Description"	Arts and Culture	Teatro Milagro	\$22.00	Attendance/Ticket for performance: Songs from a New World

**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
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**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 [Signature] Date July 15/2010

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

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*Activated 7/15/10 AB*

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