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

AUD 212-D (01/06)



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

Code Section 2.12.070

City of Portland City Official Quarterly Statement

Quarter Ending:

March 31 2010

1. City Official Information

Name: Title: Yocom, Jennifer

rocom, Jennier

At-will staff for Mayor Adams

AUDITOR

04/14/10 PM 4:28

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
01/23/2010	Unregistered Entity	Highlight This Line, Enter Data in "Description"	Arts and Culture	OMSI	\$50.00	Food/Drink Gala - official rep
01/20/2010	Unregistered Entity	Highlight This Line, Enter Data in "Description"	Arts and Culture	Governor's Office of Film & Television	\$7.50	Film screening
02/15/2010	Unregistered Entity	Highlight This Line, Enter Data in "Description"	Arts and Culture	Soft Tags, local band	\$10.00	Music CD

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

 $\overline{\mathbf{V}}$ 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 April 15/2010

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

Act. 5/3/2010 ADC