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: September 30 2006

1. City Official Information

Name: Spr

Sprando, Dave

Title:

Director of Bureau of Fire, Rescue and Emergency Services/Fire and Police Disability and Retirement Board

Member

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

3. Gifts or Donations Received

List any gifts or donations of personal or real property to the City requested from a lobbyist or lobbying entity, including the name of the lobbying entity and if applicable name of lobbyist, gift or donation requested, and date of request.

No City Benefits to Report

I affirm that I have no gifts or donations of personal or real property to the City to report this calendar quarter.

Date Entity Lobbyist(s) Benefit

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 ____

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

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