

FORM 2.14B POLITICAL CONSULTANT ENTITY REGISTRATION REPORT

INSTRUCTIONS: This form, which contains three (3) parts, must be filed within 15 calendar days after the entity, including any of its contractors, employees, or principals, provides political consulting services to a City of Portland elected official, successful candidate for elected City office, or either individual's campaign committee registered with the Secretary of State.

To complete the registration, sign and date the form and email via PDF to: Deborah.scroggin@portlandoregon.gov. If signed by electronic signature, press the submit button following part three to submit the form directly.

| | OLITICAL CONSU | LTANT ENTITY | INFORMATION | | |
|------------------------------------|--|---------------------------------------|--|-------------------------------|----------------------------|
| (City Code Sec | 2.14.030 A.1) | | | | |
| Name of Ent | Hilltop Public | Solutions | | | |
| Entity Email: | jweigler@hilltop | publicsolutions | .com | | |
| Entity Teleph | 503-886-89 | | 2 | | , nter of the |
| Entity Addre | ss: | erta, Suite 208, | Portland, OR 972 | 11 | |
| | Number | Street | City | State | Zip Code |
| List all contra entity. List ad | octors, employees, a Iditional staff and co | and principals proventact information | iding political consult on an attached shee | ant services t, if necessa | s on behalf of the ary. |
| Staff Type: | Contractor | Employee | Principal | | |
| Jake Name: | Weigler | | | | |
| Email Addres | jweigler@hillto | oppublicsolution | s.com | | |
| Mailing Addr | ess (if different fror | n above): | | | |
| Number | Street | City | State | Zip Co | de |
| Staff Type: Colin Name: | Contractor Cochran | Employee | Principal | | |
| Email Address | ccochran@hill | toppublicsolutio | ns.com | | |



City of Portland

| Mailing Addre | ess (if different from E | Entity): | | | |
|----------------------------|--|---|-----------------------|------------------|------------------|
| Number | Street | City | State | Zip Cod | e |
| | DLITICAL CONSULT . 2.14.030 A. 2) (City (| | | TES & MEA | SURES |
| | his section to report of the section to report of the section to report of the section to report of the section to t | | ficial, successful ca | andidate, or c | ampaign |
| | roviding political cons didate for City office, ate. | | | | |
| City Flected O | fficial or Candidates | Steve Novick, City | Commissioner | | |
| City Elected O | fficial or Candidate: _ | Name | | tle | |
| Or Campaign (| Novick | for Portland | | | |
| | 7/1/16 Began: | | | | |
| ☐ Entity is p | roviding political cons d official, successful o | sulting services in sup | port of a candidat | | to more than |
| City Elected Of | ficial or Candidate: _ | | | | |
| | | Name | Tit | le | |
| Or Campaign C | ommittee: | | | | |
| Date Services E | Began: | 120 120 120 120 120 120 120 120 120 120 | | | |
| B. Complete th | is section <u>only</u> if one | or more boxes is che | cked in Part II A. | | |
| Report the City committee. | -referred measure re | ceiving political cons | ultant services and | I if applicable, | , the affiliated |
| Entity is pro | oviding political consu | ulting services in supp | oort of a City-refer | red measure. | |
| Lead Represen | tative/Committee fo | or Measure: | | | |
| Address: | | | | | |
| Num | ber Stree | et . | City | State | Zip Code |

| Date Services Began: | | | | | | |
|----------------------|--|--|--|--|--|--|
| M | easure Ballot Title Caption: | | | | | |
| P/ | ART III – PROHIBITED CONDUCT AND DECLARATION | | | | | |
| | ty Code Sec. 2.14.070; 2.14.090) | | | | | |
| Th | e following is prohibited conduct under City Code 2.14: | | | | | |
| ~ | A political consultant shall not provide political consulting services without reporting as required under Portland City Code 2.14. | | | | | |
| 4 | No person shall submit false, fraudulent or misleading information on statements, including but not limited to: misrepresenting the scope or nature of services provided or the identity of clients to whom services are provided. | | | | | |
| By tha | signing this document, I acknowledge and affirm the statements made on this form. I understand it penalties and costs may be imposed for providing false or misleading information. | | | | | |
| | 9/15/16 | | | | | |

SUBMIT FORM

Date Signed

Signature

Hilltop Public Solutions - Additional Employees

Jackie Zusi-Russell Employee jzusi@hilltoppublicsolutions.com