

Period Covered:
From 07/01/2021
To 09/30/2021

CITY OF SAN DIEGO
LOBBYING FIRM
QUARTERLY DISCLOSURE REPORT
[Form EC-603]

For Official Use Only

City of San Diego
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Check Box if an Amendment (explain: _____)

Check Box if Terminating Status as a Lobbying Firm

Identify the Firm:

<u>Blue Water Government Affairs, LLC</u>		_____	
Name of Lobbying Firm		Telephone Number	
<u>San Diego</u>		<u>CA</u>	<u>92121</u>
Business Address (Number & Street)		(City)	(State) (Zip)

Disclosure Schedules:

Schedule A: Client Disclosure. You must complete Schedule A-1 or A-2 for each registered client.

Check box (and attach schedule) if the firm has activity to report on this schedule for the reporting period.

Check box (do not attach schedule) if the firm has no activity to report on this schedule for the reporting period.

YES	NO	You MUST check one box for each of the following schedules.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule B: Activity Expenses. Activity expenses made during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule C: Candidate Contributions. Contributions of \$100 or more made to support or oppose a City candidate during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule D: Ballot Measure Contributions. Contributions of \$100 or more made to a City candidate-controlled ballot measure committee during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule E: Fundraising Activities. Fundraising activities by owners, officers, and lobbyists in the amount of \$2,000 or more during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule F: Campaign Services. Paid campaign-related services personally provided by owners, officers, and lobbyists during the reporting period.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schedule G: City Contract Services. Paid services personally provided by owners, officers, and lobbyists under a City contract during the reporting period.

VERIFICATION

I have been authorized by the Lobbying Firm identified above to make this verification. I have exercised reasonable diligence in the course of reviewing this Quarterly Disclosure Report for completeness and accuracy. I declare under penalty of perjury under the laws of the State of California that the contents of this Quarterly Disclosure Report, including all attached schedules, are true, correct, and complete, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on 10/13/2021 at San Diego, CA, US
(Date) (City and State)

By: _____ Dallin Young _____ President
(Signature) (Print Name) (Title)

SCHEDULE A-1: CLIENT DISCLOSURE (Lobbying Contacts)

Name of Lobbying Firm: Blue Water Government Affairs, LLC

Fill out a Schedule A-1 for each client for whom the firm had at least one lobbying contact during the reporting period. Fill out a separate Schedule A-1 for each decision lobbied on by the firm for the client.

NAME OF CLIENT: <u>Medcare Farms</u>		Telephone No.: _____	
Client's Address (Number & Street)	<u>Lake Elsinore</u>	<u>CA</u>	<u>92590</u>
	(City)	(State)	(Zip)
TOTAL COMPENSATION for all decisions lobbied on for the client, to the nearest \$1,000: <u>\$2,000</u>			
<input type="checkbox"/> Check this box if the firm lobbied for this client on a contingency basis during the reporting period.			

MUNICIPAL DECISION (per Registration, plus specifics if necessary): <u>Updates to city of San Diego commercial cannabis ordinances</u>	
A. Outcome Sought (per Registration, plus specifics if necessary): <u>Changes to zoning and cannabis business tax rates</u>	
B. Name of each Lobbyist in the firm who lobbied City Officials regarding this municipal decision: <u>Dallin Young</u>	
C. Name and Department of each City Official lobbied: Name: <u>Jesus Cardenas</u> Department: <u>City Council District 3</u> Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____ Name: _____ Department: _____	

Comments: _____

If more space is needed, check box and attach continuation sheet(s).