

**Filer Information**

**Original**

NAME OF LOBBYIST EMPLOYER: United Way of Greater Los Angeles	DATE QUALIFIED AS LOBBYIST EMPLOYER: Jan 01, 2019
BUSINESS ADDRESS: (Number and Street) (street address redacted)	
CITY, STATE, ZIP CODE: Los Angeles, CA 90015	TELEPHONE NUMBER: (213) 808-6220
E-MAIL: tnewman@unitedwayla.org	FAX NUMBER: (Optional) ( )

**I. INDIVIDUAL LOBBYISTS**

Chris Ko	Thomas Newman
_____ Name	_____ Name

**II. MUNICIPAL LEGISLATION/PROJECTS AND AGENCIES LOBBIED**

Agencies to be lobbied ANY CITY AGENCY
Municipal Legislation / Projects (1) Bridge Housing (2) HHH Citizens Oversight (3) Koreatown Shelter (4) Prop. HHH Regulations (5) Supportive Housing

**III. VERIFICATION**

I have used all reasonable diligence in preparing this form and any attachments. I have reviewed the form and all the attachments and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

10-Feb-19	Elise Buik (e-signed)
_____ Executed On: (Date)	_____ By: (Signature of Authorized Person)