

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



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AUD 212-D (01/06)

Code Section 2.12.070

**City of Portland
City Official Quarterly Statement**

Quarter Ending: December 31 2006

1. City Official Information

Name: Saltzman, Dan
Title: Commissioner

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
10/14/2006	Unregistered Lobbyist Field	-	Parks and Recreation community centers	Entity: Nike. Lobbyist: Julia Brim-Edwards. Gift: tennis shoes. Event: Pier Park Skate Park Ribbon Cutting.	\$70.00	Shoes
12/19/2006	Unregistered Lobbyist Field	-	Other		\$80.00	Gift Basket
12/18/2006	Unregistered Lobbyist Field	-	Other		\$29.95	Gift Basket

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
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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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