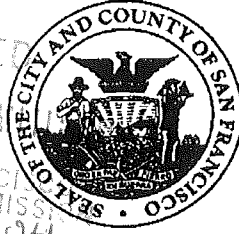


San Francisco
Ethics Commission



25 Van Ness Avenue, Ste. 220
San Francisco, CA 94102

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SAN FRANCISCO
ETHICS COMMISSION
BY PM 8-9-10 JH

QUARTERLY REPORT
OF LOBBYIST ON BEHALF OF THE CITY
S.F. SUNSHINE ORDINANCE §67.29-4

Period that report covers: _____ February 1 to April 30 (Due May 15) Year 2010
(Check One) May 1 to July 31 (Due August 15)
_____ August 1 to October 31 (Due November 15)
_____ November 1 to January 31 (Due February 15)
_____ This amends a report filed _____ covering the period from
_____ to _____.

Name of Filer: Daryl Owen Associates, Inc	
Business Address of Filer: 801 Pennsylvania Ave. NW Suite 310 Washington, DC 20004	
Business Telephone of Filer: 202-393-7771	Email Address of Filer: daryl@owendc.com
Name of each person employed or retained by filer during the quarter to lobby officials on behalf of the City: Daryl Owen Adam Ingols Judy Lemons	

Filer qualifies as a lobbyist and must file a quarterly report because (check all that apply):

- Filer is a person who has received or is entitled to receive at least \$300 total compensation in a calendar month during the reporting period for influencing legislative or administrative action on behalf of the City.
- _____ Filer is a person who has had at least 25 separate contacts with local, state, regional or national officials for the purpose of influencing legislative or administrative action on behalf of the City in any two consecutive calendar months during the reporting period.
- _____ Filer is a business or organization that has compensated its employees or members for their lobbying activities on behalf of the City, and these compensated employees or members have had at least 25 separate contacts with local, state, regional or national officials for the purpose of influencing legislative or administrative action on behalf of the City within any two consecutive months during the reporting period.

PART I: PAYMENTS RECEIVED FOR LOBBYING

Instructions: Enter a **detailed** description of each local, state, regional or national legislative or administrative action filer was retained to influence on behalf of the City. For each action, enter the name, title and department of each official contacted by the filer. If filer needs more space to report payments it received, check the box and attach a continuation sheet. Enter the total amount of payments filer received from the City during the reporting period for influencing action on the City's behalf. If filer received no payments from the City during the reporting period, enter "n/a."

Description of local, state, regional or national legislative or administrative action filer influenced or attempted to influence	Official(s) contacted by filer on behalf of the City (name, title, agency/department)
Issues associated with the processing of the PUC's permit application with the National Marine Fisheries Service	Karen Wayland, Senior Policy Advisor to The Honorable Nancy Pelosi; Leah Russin, The Honorable Diane Feinstein
Issues associated with the erosion at Ocean Beach and the need for a beach replenishment program.	Scott Brule, Appropriations Committee staff for the Honorable Nancy Pelosi; Ryan Hunt, Appropriations Committee staff for The Honorable Diane Feinstein; Roger Cockrell, Chief Clerk, Senate Subcommittee on Energy and Water Appropriations; Jim Walker, US Army Corps of Engineers.

If more space is needed, check box and attach continuation sheets

Total payments received from the City during the reporting period:

\$57,000

**PART II: PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES:
ACTIVITY EXPENSES**

Instructions: An activity expense is any expense incurred or payment made by a filer which benefits any local, state, regional or national official whom filer contacted during the reporting period. Activity expenses include gifts (e.g., food, beverage, candy, flowers, tickets to a ballgame), compensation (e.g., consulting fees, salaries) and other forms of economic consideration benefiting officials. Enter the date each expense was incurred or made, a detailed description of the expense, the official or officials who benefited from the expense, and the amount that the official(s) benefited. If the filer needs more space to report its activity expenses, check the box and attach a continuation sheet. Enter the total amount of activity expenses incurred or made during the reporting period. If the filer had no activity expenses, enter "n/a."

Date of expense	Description of expense	Official(s) benefited (name, title, agency/department)	Amount of expense
	n/a		\$
			\$
			\$
			\$
			\$

If more space is needed, check box and attach continuation sheets

Total activity expenses made during the reporting period:

\$ 0

VERIFICATION

I have reviewed this report 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, complete and correct.



Signature of Filer

8/9/10

Date

DARYL OWEN

Name of Filer (Please Print)

**PART II: PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES:
ACTIVITY EXPENSES**

Instructions: An activity expense is any expense incurred or payment made by a filer which benefits any local, state, regional or national official whom filer contacted during the reporting period. Activity expenses include gifts (e.g., food, beverage, candy, flowers, tickets to a ballgame), compensation (e.g., consulting fees, salaries) and other forms of economic consideration benefiting officials. Enter the date each expense was incurred or made, a detailed description of the expense, the official or officials who benefited from the expense, and the amount that the official(s) benefited. If the filer needs more space to report its activity expenses, check the box and attach a continuation sheet. Enter the total amount of activity expenses incurred or made during the reporting period. If the filer had no activity expenses, enter "n/a."

Date of expense	Description of expense	Official(s) benefited (name, title, agency/department)	Amount of expense
			\$
			\$
			\$
			\$
			\$

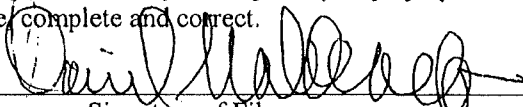
If more space is needed, check box and attach continuation sheets

Total activity expenses made during the reporting period:

\$ N/A

VERIFICATION

I have reviewed this report 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, complete and correct.



Signature of Filer

6/15/10

Date

Daniel Maldonado

Name of Filer (Please Print)