

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <div style="display: flex; justify-content: space-between;"><input checked="" type="checkbox"/> Prime<input type="checkbox"/> SubAwardee</div> <div>* Name <input type="text" value="Tri-County Metropolitan Transportation District of Oregon"/></div> <div>* Street 1 <input style="width: 40%;" type="text" value="101 SW Main St."/></div> <div>Street 2 <input style="width: 40%;" type="text" value="Suite 700"/></div> <div>* City <input style="width: 20%;" type="text" value="Portland"/></div> <div>State <input style="width: 30%;" type="text" value="OR: Oregon"/></div> <div>Zip <input style="width: 10%;" type="text" value="97204"/></div> <div>Congressional District, if known: <input style="width: 20%;" type="text" value="003"/></div>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="height: 100px;"></div>		
6. * Federal Department/Agency: <input type="text" value="Department of Transportation, FTA"/>	7. * Federal Program Name/Description: <input type="text" value="Climate Pollution Reduction Grants"/> <div>CFDA Number, if applicable: <input type="text" value="66.046"/></div>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: <div style="display: flex; justify-content: space-between;">Prefix <input type="text"/>* First Name <input type="text" value="Michelle"/>Middle Name <input type="text"/></div> <div>* Last Name <input type="text" value="Giguere"/></div> <div>Suffix <input type="text"/></div> <div>* Street 1 <input type="text" value="Summit Strategies Government Affairs, LLC"/></div> <div>Street 2 <input type="text" value="5331 SW Macadam Avenue, Suite 356"/></div> <div>* City <input style="width: 20%;" type="text" value="Portland"/></div> <div>State <input style="width: 30%;" type="text" value="OR: Oregon"/></div> <div>Zip <input style="width: 10%;" type="text" value="97239"/></div>		
b. Individual Performing Services (including address if different from No. 10a) <div style="display: flex; justify-content: space-between;">Prefix <input type="text"/>* First Name <input type="text" value="Jim"/>Middle Name <input type="text"/></div> <div>* Last Name <input type="text" value="Kolb"/></div> <div>Suffix <input type="text"/></div> <div>* Street 1 <input type="text" value="Summit Strategies Government Affairs, LLC"/></div> <div>Street 2 <input type="text" value="5331 SW Macadam Avenue, Suite 356"/></div> <div>* City <input style="width: 20%;" type="text" value="Portland"/></div> <div>State <input style="width: 30%;" type="text" value="OR: Oregon"/></div> <div>Zip <input style="width: 10%;" type="text" value="97239"/></div>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <div>* Signature: <input type="text" value="Jane Black"/></div> <div>* Name: Prefix <input type="text"/></div> <div>* First Name <input type="text" value="Shelley"/></div> <div>Middle Name <input type="text"/></div> <div>* Last Name <input type="text" value="Devine"/></div> <div>Suffix <input type="text"/></div> <div>Title: <input type="text" value="General Counsel & Executive Director"/></div> <div>Telephone No.: <input type="text" value="503-962-6496"/></div> <div>Date: <input type="text" value="04/01/2024"/></div>		
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