



Interim Lobbying - Quarterly Expense Report

Received
JAN 28 2014
 Philadelphia Board of Ethics

(Please Type or Print in Ink)

Check Box if AMENDMENT

01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1/6/2014	2013	4	

Type of Filer

Principal

Lobbyist

Lobbying Firm

02 FILER INFORMATION

Name of Filer	Email Address	Phone Number
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Wells Fargo Bank, N.A.

bowenjc@wellsfargo.com

(503) 886-2919

Permanent Business Address	City	State	Zip Code
1300 SW 5th Ave., MAC P6101-022	Portland	OR	97201

03 LOBBYING EXPENDITURES

Total Lobbying Expenses did not exceed \$2,500 during this quarter.
 If you check this box, leave the rest of this section blank and move to Section 09.

Total Expenditures for Direct Communication	\$
Total Expenditures for Indirect Communication	\$
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$
Total Lobbying Expenditures for the Quarter	\$

04 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Direct Communication

Lobbying Category (Select from the list on page 9)	Specific Subject Matter (Issue, Bill Number)	Position Taken (Support/Oppose/Amend/Proposed/Other)	Name of City Official & Agency
N/A			

05 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Indirect Communication

Lobbying Category (Select from the list on page 9)	Specific Subject Matter (Issue, Bill Number)	Position Taken (Support/Oppose/Amend/Proposed/Other)	Method of Communication	Description of Recipient Group
N/A				

06 CITY OFFICIALS/EMPLOYEES WHO RECEIVED GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING

Name of Recipient City Official/Employee	Department & Position of Recipient City Official/Employee	Description of Item	Value of Item	Date	Place of Receipt	Name & Address of the Source of the Item
N/A						

07 REPAYMENTS TO PRINCIPALS FOR GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING

Recipient of Item	Description of Item	Value of Item	Repayment Amount
N/A			

08 SOURCE(S) OF CONTRIBUTIONS TO PRINCIPAL

Name of Individual, Association, Corporation, Partnership, Business Trust or Other Business	Permanent Business Address	City, State, Zip	Daytime Telephone Number
N/A			

09 PRINCIPAL AFFIRMATION

By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

INDIVIDUAL AFFIRMING CONTENTS OF EXPENSE REPORT

NAME	PHONE NUMBER	EMAIL ADDRESS
Bowen Ostrander	(503) 886-2919	bowenjc@wellsfargo.com
SIGNATURE	DATE	
	01-07-14	

NAME OF PRINCIPAL: Wells Fargo Bank, N.A.

YEAR: 2013

QUARTER: 4

10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Michael Cicalese	michael.cicalese@wellsfargo.com	856-858-7590	
Permanent Business Address	City	State	Zip Code
600 West Cuthbert Blvd, 4th Floor	Haddon Township	NJ	08108

LOBBYIST OR LOBBYING FIRM AFFIRMATION

- By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.
- By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report to the extent described in my statement which follows. I affirm that the information reported on this expense report of which I have knowledge is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.
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AUTHORIZED SIGNATURE

DATE



1/23/14

STATEMENT OF LIMITED KNOWLEDGE

NAME OF PRINCIPAL: Wells Fargo Bank, N.A.

YEAR: 2013

QUARTER: 4

10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Ryan Conway	GIBLobbyist@wellsfargo.com	(215) 670-6038	
Permanent Business Address	City	State	Zip Code
123 South Broad Street, 15th Floor, MAC Y1379-15A	Philadelphia	PA	19109

LOBBYIST OR LOBBYING FIRM AFFIRMATION

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AUTHORIZED SIGNATURE

DATE

Ryan Conway

1/6/14

STATEMENT OF LIMITED KNOWLEDGE

NAME OF PRINCIPAL:

Wells Fargo Bank, N.A.

YEAR:

2013

QUARTER:

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10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.

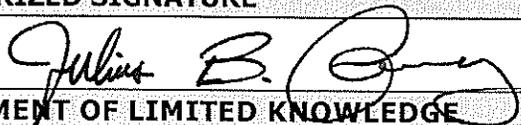
Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Julius B. Coursey, Jr.	GIBLobbyist@wellsfargo.com	(215) 670-6037	
Permanent Business Address	City	State	Zip Code
123 South Broad Street, 15th Floor, MAC Y1379-15A	Philadelphia	PA	19109

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1/6/2014

STATEMENT OF LIMITED KNOWLEDGE