

FILE WITH:

City Clerk Department
Phoenix City Hall, 15th Floor
200 West Washington Street
Phoenix, Arizona 85003-1611
(602) 262-6811
lobbyist@phoenix.gov



City of Phoenix
CITY CLERK DEPARTMENT

Date: _____

Check

Quarter 1 2 3 4

QUARTERLY LOBBYIST EXPENDITURE REPORT FOR ORGANIZATIONS

NAME OF ORGANIZATION		BUSINESS TELEPHONE	
BUSINESS ADDRESS	CITY	STATE	ZIP

ALL OFFICERS AND EMPLOYEES WHO HAVE NOT FILED EXEMPTION STATEMENTS MUST FILE AN EXPENDITURE REPORT. **COMPLETE SCHEDULE A ON THE BACK OF THIS FORM** FOR EACH OFFICER AND EMPLOYEE WHO **HAS EXPENDITURES. COMPLETE SCHEDULE B ON THE BACK OF THIS FORM** FOR EACH OFFICER AND EMPLOYEE WHO REPORTED SEPARATELY OR DID NOT HAVE EXPENDITURES.

<input type="checkbox"/> IF NO OFFICER OR EMPLOYEE IN ORGANIZATION HAS EXPENDITURES, CHECK BOX.

SUMMARY

THIS QUARTER

TOTAL OF SINGLE EXPENDITURES MORE THAN \$25 (enter 0 if none, or Total from Schedule A on back of form)	_____
TOTAL OF SINGLE EXPENDITURES \$25 OR LESS (enter 0 if none, or Total from Schedule A on back of form)	_____
TOTAL OF EVENTS EXPENDITURES (enter 0 if none, or Total from Schedule A on back of form)	_____
TOTAL EXPENDITURES	_____

If expenditure made, **MUST** be detailed on back of form.

SIGNATURE DECLARATION

By checking this box and typing or signing my name below, the undersigned does hereby scertify under penalty of perjury that: (1) all the information contained in the reporting form is true and correct to the best of my knowledge; (2) I am a registered lobbyist filing this report on my own behalf or I am duly authorized to file this report on behalf of the registered lobbying entity named on the reporting form; and (3) by typing my name below I acknowledge that such action constitutes the legal equivalent of my signature and whether by signing or typing my name I hereby waive any requirement that this form be notarized in order to be legally enforceable.

DATED

ENTITY NAME

EMAIL ADDRESS

TYPED NAME OR SIGNATURE

QUARTERLY LOBBYIST EXPENDITURE REPORT FOR ORGANIZATIONS

(City Code Section 2-1001)

Date: _____

Check

Quarter 1 2 3 4

ORGANIZATION NAME: _____

REPORT MUST BE SUBMITTED FOR EACH REGISTERED OFFICER AND EMPLOYEE WHO HAS EXPENDITURES. ATTACH SEPARATE PAGE WITH APPROPRIATE HEADINGS OR PHOTOCOPY FORM FOR ADDITIONAL LOBBYISTS.

SCHEDULE A

NAME OF LOBBYIST	BUSINESS TELEPHONE
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LIST **SINGLE EXPENDITURES MORE THAN \$25**. Attach separate page or photocopy form for additional listings.

Date	Name and Address on Whose Behalf Expenditure Made	Nature of Expenditure	City Official Receiving/ Benefiting from Expenditure	Amount of Expenditure
Enter TOTAL OF SINGLE EXPENDITURES MORE THAN \$25 here and on Summary on Front of Form.				

LIST **TOTAL OF EXPENDITURES \$25 OR LESS** and NAME OF CITY OFFICIAL receiving or benefiting from expenditures. Attach separate page or photocopy form for additional listings.

Name of Elected City Official	Amount of Expenditure
Enter TOTAL OF EXPENDITURES \$25 OR LESS here and on Summary on Front of Form.	

LIST **ALL EXPENDITURES FOR EVENTS**. (City Code Section 2-1001.4) Attach separate page or photocopy form for additional listings.

Date	Description of Event	Location	Total Expenditures
Enter TOTAL OF EVENTS EXPENDITURES here and on Summary on Front of Form.			

SCHEDULE B

IF OFFICER OR EMPLOYEE REPORTED EXPENDITURES SEPARATELY OR DID NOT HAVE EXPENDITURES, LIST NAME BELOW AND CHECK APPROPRIATE COLUMN:

LIST LOBBYIST NAME	CHECK BELOW IF EXPENDITURE REPORTED SEPARATELY	CHECK BELOW IF NO EXPENDITURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____