

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 CAMPAIGN CONTRIBUTION REPORT FOR ORGANIZATIONS

COMPLETE REPORT ONLY IF LOBBYIST HAS MADE AND/OR SOLICITED CONTRIBUTIONS

(City Code Section 2-1003)

NAME OF ORGANIZATION			BUSINESS TELEPHONE		
BUSINESS ADDRESS		CITY	STATE	ZIP	

REPORT MUST BE SUBMITTED FOR EACH REGISTERED OFFICER AND EMPLOYEE MAKING OR SOLICITING CONTRIBUTIONS.

NAME OF LOBBYIST			BUSINESS TELEPHONE		
List Campaign Contributions MADE BY Lobbyist.					
Date	City Official Receiving Contribution			Amount of Contributions	
Campaign Contributions SOLICITED by Lobbyist. If lobbyist knows solicitations resulted in contributions, complete the following.					
Date	Name and Address of Contributor	Occupation and Employer of Contributor	City Official Receiving Contribution	Amount of Contributions	
TOTAL CAMPAIGN CONTRIBUTIONS _____					

Attach separate page with appropriate headings for additional listings.

SIGNATURE DECLARATION

By checking this box and typing or signing my name below, the undersigned does hereby certify 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.

DATE

ENTITY NAME

EMAIL ADDRESS

TYPED NAME OR SIGNATURE