



PUBLIC BODY

ANNUAL REPORT OF LOBBYING ACTIVITY

FILE ONLINE AT LOBBYING.AZ.GOV OR E-MAIL TO: LOBBYIST@AZSOS.GOV

REPORT YEAR

NAME OF PUBLIC BODY

PB ID

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

NAME OF DESIGNATED PUBLIC LOBBYIST

DESIGNATED PUBLIC LOBBYIST EMAIL ADDRESS

SUMMARY OF EXPENDITURES

Total single expenditures on behalf of the Public Body whether or not made in the course of lobbying (Total from page 2):

- By a Designated Public Lobbyist
- By Authorized Public Lobbyists

Aggregate of expenditures of \$20 or less on behalf of the Public Body whether or not made in the course of lobbying:

- By a Designated Public Lobbyist
- By Authorized Public Lobbyists

All expenditures by public body made in the course of lobbying to compensate or reimburse Designated and Authorized Public Lobbyists for expenses (Total from page 3)

Special Events (Total from page 4)

TOTAL EXPENDITURES (ADD ABOVE LINES)

PUBLIC BODIES ONLY:

BY CHECKING THE ABOVE BOX, I CERTIFY THAT THIS PUBLIC BODY HAS ESTABLISHED AND PREVIOUSLY FILED A TIME ALLOCATION SCHEDULE FOR APPORTIONED LOBBYING ACTIVITY BASED ON ACTUAL EXPERIENCE. THERE HAS BEEN NO CHANGE FROM PREVIOUS ANNUAL REPORTS IN THE COMPENSATION ATTRIBUTABLE TO LOBBYING FOR THE DESIGNATED PUBLIC LOBBYIST AND ALL AUTHORIZED PUBLIC LOBBYISTS, AND THEIR JOB RESPONSIBILITIES HAVE NOT BEEN SIGNIFICANTLY ALTERED SINCE THE TIME ALLOCATION SCHEDULE WAS ESTABLISHED.

I declare under penalty of perjury that the above information is true and correct.

/S/

Printed Name of Designated Public Lobbyist

Conformed Signature of Designated Public Lobbyist

ARIZONA PUBLIC BODY ANNUAL REPORT

Single expenditures whether or not made in the course of lobbying

NAME OF LOBBYIST WHO MADE EXPENDITURE

TYPE OF LOBBYIST (SELECT ONE):

- Designated Public Lobbyist
- Authorized Public Lobbyist

Name and Title of Person Receiving or Benefiting from Expenditure

DESCRIPTION OF EXPENDITURE

- Food or beverage Travel and Lodging
- Speaking engagement Flowers
- Other (please describe)

DATE AMOUNT

Name and Title of Person Receiving or Benefiting from Expenditure

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- Other (please describe)

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ENTER TOTAL SINGLE EXPENDITURES:
If additional sheets are attached, enter combined total here.

ARIZONA PUBLIC BODY ANNUAL REPORT

EXPENDITURES BY PUBLIC BODY in the course of lobbying to compensate or reimburse Designated and Authorized Public Lobbyists

Do not complete this page unless the expenditures were made by a Public Body.

NAME OF LOBBYIST COMPENSATED OR REIMBURSED	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CATEGORY OF COMPENSATION/REIMBURSEMENT</td> <td style="width: 10%; vertical-align: top;">AGG. AMT.</td> </tr> <tr> <td style="width: 50%;">Personal sustenance</td> <td style="width: 50%;">Food or beverages</td> <td></td> </tr> <tr> <td>Filing fees</td> <td>Speaking engagement</td> <td></td> </tr> <tr> <td>Legal fees</td> <td>Travel and lodging</td> <td></td> </tr> <tr> <td>Employee/Lobbyist compensation</td> <td>Flowers</td> <td></td> </tr> </table>	CATEGORY OF COMPENSATION/REIMBURSEMENT		AGG. AMT.	Personal sustenance	Food or beverages		Filing fees	Speaking engagement		Legal fees	Travel and lodging		Employee/Lobbyist compensation	Flowers	
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ENTER TOTAL:

If additional sheets are attached, enter combined total here.

ARIZONA

PUBLIC BODY ANNUAL REPORT SPECIAL EVENTS REPORTING

EXPENDITURES FOR SPECIAL EVENTS TO WHICH ARE INVITED

- ALL MEMBERS OF THE LEGISLATURE
- EITHER HOUSE OF THE LEGISLATURE; OR
- ANY COMMITTEE OF THE LEGISLATURE

	DESCRIPTION	DATE	LOCATION	LEGISLATIVE BODY/COMMITTEE	TOTAL EXPENSES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

ENTER TOTAL EXPENDITURES FOR SPECIAL EVENTS:
If additional sheets are attached, enter combined total here.



PUBLIC BODY

AFFIDAVIT OF TIME ALLOCATION SCHEDULE

FOR ELECTRONIC FILING ONLY. MAIL TO LOBBYIST@AZSOS.GOV

EXPENDITURES MADE IN THE COURSE OF LOBBYING

ONLY REPORT EMPLOYEE COMPENSATION ATTRIBUTABLE TO LOBBYING FOR EMPLOYEES OF THE PUBLIC BODY REGISTERED AS DESIGNATED PUBLIC LOBBYISTS OR AUTHORIZED PUBLIC LOBBYISTS

DO NOT INCLUDE OTHER LOBBYIST COMPENSATION OR EMPLOYEE REIMBURSEMENT

THIS PAGE MUST BE COMPLETED AND FILED IF THE PUBLIC BODY HAS NOT PREVIOUSLY FILED AND ATTACHED A COPY OF THEIR TIME ALLOCATION SCHEDULE FOR APPORTIONED LOBBYING ACTIVITY.

NAME OF PUBLIC BODY

PB ID

TELEPHONE NUMBER

ADDRESS

CITY

STATE ZIP CODE

PUBLIC BODY EMPLOYEE WHO IS A REGISTERED LOBBYIST NAME

EMPLOYEE COMPENSATION
ATTRIBUTABLE TO LOBBYING

TOTAL:

If additional sheets are attached, enter combined total here.

I declare under penalty of perjury that the above information is true and correct.

/S/

Printed Name of Designated Public Lobbyist

Conformed Signature of Designated Public Lobbyist