



State of Arizona

PRINCIPAL/PUBLIC BODY

Annual Report of Lobbying Expenditures

File with: Arizona Secretary of State

Attention: Election Services Division

1700 W. Washington Street, 7th Fl., Phoenix, AZ 85007

(602) 542-8683 (800) 458-5842 (within Arizona)

Website: www.azsos.gov

Check One

Lobbying Expenditures For 20____

(Fill in year above)

PRINCIPAL PUBLIC BODY

FOR OFFICE USE ONLY - REV. 1/05/15

PRINCIPAL/PUBLIC BODY ANNUAL REPORT ~ A.R.S. §§ 41-1232.02, 41-1232.03

Please type or print clearly.

Table with 4 columns: PPB ID, NAME OF PRINCIPAL/PUBLIC BODY, BUSINESS TEL., BUSINESS FAX. Below it, BUSINESS ADDRESS, CITY, STATE, ZIP CODE.

SUMMARY OF EXPENDITURES

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

- By a designated lobbyist, designated public lobbyist or lobbyist for compensation
By authorized lobbyists, authorized public lobbyists or other persons

Aggregate of expenditures of \$20 or less on behalf of the principal or public body whether or not made in the course of lobbying*:

- By a designated lobbyist, designated public lobbyist or lobbyist for compensation
By authorized lobbyists, authorized public lobbyists or other persons

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)

STATE OF _____)
COUNTY OF _____) ss

I, the undersigned, being duly sworn state that this Principal / Public Body Annual Report is complete, and that to the best of my knowledge and belief the information above is true and correct.

Printed Name of Designated Lobbyist/Designated Public Lobbyist

Signature of Designated Lobbyist/Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on the ____ of _____, 20____

My Commission Expires

Notary Public

(affix seal)

* Principals must report expenditures received by or benefiting state officers or employees; Public Bodies must report expenditures received by or benefiting any member of the legislature.

ARIZONA PRINCIPAL/PUBLIC BODY ANNUAL REPORT

SINGLE EXPENDITURES whether or not made in the course of lobbying

A.R.S. §§ 41-1232.02, 41-1232.03

NAME OF PRINCIPAL/PUBLIC BODY _____

PPB ID # _____

→ Expenditures by employees of authorized lobbyists must also be reported.

NAME OF LOBBYIST WHO MADE EXPENDITURE	TYPE OF LOBBYIST (SELECT ONE): <input type="checkbox"/> Des./Des. Public Lobbyist <input type="checkbox"/> Lobbyist For Compensation <input type="checkbox"/> Auth./Auth. Public Lobbyist <input type="checkbox"/> Employee for (Lobbyist who is not an individual)
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Name and Title of Person** Receiving or Benefiting from Expenditure	CATEGORY OF EXPENDITURE** <input type="checkbox"/> Food or beverage <input type="checkbox"/> Travel and Lodging <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Flowers <input type="checkbox"/> Other (please describe) _____
DATE	AMOUNT

Name and Title of Person Receiving or Benefiting from Expenditure	CATEGORY OF EXPENDITURE** <input type="checkbox"/> Food or beverage <input type="checkbox"/> Travel and Lodging <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Flowers <input type="checkbox"/> Other (please describe) _____
DATE	AMOUNT

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DATE	AMOUNT

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DATE	AMOUNT

Name and Title of Person Receiving or Benefiting from Expenditure	CATEGORY OF EXPENDITURE** <input type="checkbox"/> Food or beverage <input type="checkbox"/> Travel and Lodging <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Flowers <input type="checkbox"/> Other (please describe) _____
DATE	AMOUNT

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DATE	AMOUNT

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DATE	AMOUNT

ENTER TOTAL SINGLE EXPENDITURES: If additional sheets are attached, enter combined total here.	
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** Principals must report expenditures received by or benefiting state officers or employees; Public Bodies must report expenditures received by or benefiting any member of the legislature.

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 form unless the expenditures were made by a Public Body.

NAME OF PUBLIC BODY _____

PUBLIC BODY ID _____

NAME OF LOBBYIST COMPENSATED/REIMBURSED	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input type="checkbox"/> Other (Please describe)	AGG. AMT.
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NAME OF LOBBYIST COMPENSATED/REIMBURSED	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input type="checkbox"/> Other (Please describe)	AGG. AMT.
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ENTER TOTAL:
If additional sheets are attached, enter combined total here.

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ARIZONA

PRINCIPAL/PUBLIC BODY ANNUAL REPORT SPECIAL EVENTS REPORTING

A.R.S. §§ 41-1232.02(F) AND 41-1232.03(F)

NAME OF PRINCIPAL/PUBLIC BODY

PPB ID

EXPENDITURES FOR SPECIAL EVENTS TO WHICH ARE INVITED

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

<u>DESCRIPTION</u>	<u>DATE</u>	<u>LOCATION</u>	<u>LEGISLATIVE BODY/COMMITTEE</u>	<u>TOTAL EXPENSES</u>
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				

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

ARIZONA

PUBLIC BODY ANNUAL REPORT
AFFIDAVIT OF TIME ALLOCATION SCHEDULE
FOR EMPLOYEE COMPENSATION
A.R.S. § 41-1232.03(A)

Please type or print clearly

Table with 4 columns: PPB ID, NAME OF PUBLIC BODY, BUSINESS TEL., BUSINESS FAX. Row 2: BUSINESS ADDRESS, CITY, STATE, ZIP CODE

TOTAL DOLLAR AMOUNT OF EMPLOYEE COMPENSATION ATTRIBUTABLE TO LOBBYING FOR CALENDAR YEAR

THIS IS TO CERTIFY THAT THE PUBLIC BODY HAS ESTABLISHED 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.

STATE OF _____)
COUNTY OF _____) ss

I, the undersigned, being duly sworn state that this Public Body Affidavit of Time Allocation Schedule is complete, and that to the best of my knowledge and belief the information above is true and correct.

Printed Name of Designated Public Lobbyist

Signature of Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on the ___ of ___, 20__

My Commission Expires

Notary Public

(affix seal)