

File with:  
 Secretary of State  
 State Capitol, 7<sup>th</sup> Floor  
 1700 W. Washington Street  
 Phoenix, AZ 85007-2808

Attn: Election Services Division

**ARIZONA**  
**LOBBYIST QUARTERLY EXPENDITURE**  
**REPORT**  
**FOR DESIGNATED LOBBYISTS**  
**LOBBYISTS FOR COMPENSATION**  
 A.R.S. § 41-1232.02 (B) (C)  
**AND DESIGNATED PUBLIC LOBBYISTS**  
 A.R.S. §41-1232.03 (B)

FOR OFFICE USE ONLY

<b>CHECK ALL THAT APPLY:</b>	
DESIGNATED LOBBYIST	<input type="checkbox"/>
LOBBYIST FOR COMPENSATION	<input type="checkbox"/>
DESIGNATED PUBLIC LOBBYIST	<input type="checkbox"/>

YEAR OF REPORT _____
CIRCLE QUARTER    1    2    3    4

LOBBYIST ID #:	E-mail Address:		
NAME OF LOBBYIST <small>Please type or print clearly</small>	BUSINESS TELEPHONE #	BUSINESS FAX #	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

➔ IF LOBBYIST HAS NO EXPENDITURES ON BEHALF OF PRINCIPALS OR PUBLIC BODIES, CHECK BOX AND SIGN ON REVERSE.

**PLEASE NOTE THAT THE LOBBYIST QUARTERLY EXPENDITURE REPORT HAS BEEN REVISED. LOBBYISTS WHO REPRESENT BOTH PUBLIC AND PRIVATE ENTITIES WILL FILE ONLY ONE REPORT, BUT BECAUSE OF DIFFERENCES IN THE REPORTING REQUIREMENTS, THE EXPENDITURES FOR PUBLIC AND PRIVATE ENTITIES MUST BE LISTED AND SUMMARIZED SEPARATELY. ATTACH ONLY THE SCHEDULES WHERE EXPENDITURES WERE REPORTED. FOR ALL OTHERS, ENTER "0" ON THE SUMMARY PAGE IF NO EXPENDITURES WERE MADE, OR "NA" IF THE REPORTING LOBBYIST DOES NOT REPRESENT THAT TYPE OF ENTITY.**

**SINGLE EXPENDITURES BY LOBBYISTS BUT NOT MADE ON BEHALF OF ANY ENTITY WILL BE REPORTED ON SCHEDULES 1 AND 2, AND SUMMARIZED SEPARATELY FROM EXPENDITURES MADE ON BEHALF OF A PRINCIPAL OR PUBLIC BODY. IF THE REPORTING LOBBYIST REPRESENTS PUBLIC BODIES ONLY, THE LOBBYIST MUST LIST ONLY THOSE EXPENDITURES THAT WERE RECEIVED BY OR BENEFITED A MEMBER OF THE LEGISLATURE OR A LEGISLATIVE EMPLOYEE, OR A STATE OFFICER OR EMPLOYEE WHO IS A MEMBER OF THE HOUSEHOLD OF A LEGISLATOR OR LEGISLATIVE EMPLOYEE. IF THE REPORTING LOBBYIST REPRESENTS PRINCIPALS, WHETHER INSTEAD OF OR IN ADDITION TO PUBLIC BODIES, THE LOBBYIST MUST REPORT ALL EXPENDITURES THAT WERE RECEIVED BY OR BENEFITED ANY STATE OFFICER OR EMPLOYEE.**

<b><u>SUMMARY OF EXPENDITURES BY LOBBYISTS, NOT MADE ON BEHALF OF PRINCIPAL OR PUBLIC BODY</u></b>	<b><u>THIS QUARTER</u></b>	<b><u>4<sup>TH</sup> QUARTER CUMULATIVE</u></b>
Total Single Expenditures of \$20 or less <b>NOT</b> made on behalf of a principal or public body (enter 0 if none, or if expenditures made, complete Schedule 1, Section 1)		
Special Events Expenditures <b>NOT</b> made on behalf of a principal or public body (enter 0 if none, or if expenditures made, complete Schedule 1, Section 2 )		
Total Single Expenditures more than \$20 <b>NOT</b> made on behalf of a principal or public body (enter 0 if none, or if expenditures made, complete Schedule 2, Section 1)		
TOTAL		

**SUMMARY OF EXPENDITURES  
MADE ON BEHALF OF A PRINCIPAL**

**THIS QUARTER**

**COMPLETE IN 4<sup>TH</sup> QTR  
CUMULATIVE TOTAL  
FOR CALENDAR YEAR**

Total Single Expenditures of \$20 or less made on behalf of a principal  
(enter 0 if none, or if expenditures made, complete Schedule 3, Section 1)

Special Events Expenditures made on behalf of a principal  
(enter 0 if none, or if expenditures made, complete Schedule 3, Section 2)

Total Single Expenditures of more than \$20 made on behalf of a principal  
(enter 0 if none, or if expenditures made, complete Schedule 4)

**TOTAL:**

**SUMMARY OF EXPENDITURES  
MADE ON BEHALF OF A PUBLIC BODY**

**THIS QUARTER**

**COMPLETE IN 4<sup>TH</sup> QTR  
CUMULATIVE TOTAL  
FOR CALENDAR YEAR**

Total Single Expenditures of \$20 or less made on behalf of a public body  
(enter 0 if none, or if expenditures made, complete Schedule 5, Section 1)

Special Events Expenditures made on behalf of a public body  
(enter 0 if none, or if expenditures made, complete Schedule 5, Section 2)

Total Single Expenditures more than \$20 made on behalf of a public body  
(enter 0 if none or if expenditures made, complete Schedule 6)

**TOTAL:**

<b>TOTAL OF ALL EXPENDITURES:</b> (Include Total(s) From 1 <sup>st</sup> Page)	\$ _____	\$ _____
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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

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I, the undersigned, being duly sworn state that this Lobbyist Quarterly Expenditure Report is complete and that to the best of my knowledge and belief the information above is true and correct.

\_\_\_\_\_  
Signature of Lobbyist

**SUBSCRIBED AND SWORN TO** (Affirmed) before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public