



# 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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

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) _____
<b>DATE</b>	<b>AMOUNT</b>	

<b>ENTER TOTAL SINGLE EXPENDITURES:</b> 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 \_\_\_\_\_

<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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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<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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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<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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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<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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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<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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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<b>NAME OF LOBBYIST COMPENSATED/REIMBURSED</b>	<b>CATEGORY OF COMPENSATION/REIMBURSEMENT:</b> <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)				
<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.

