

Submitted: 7/12/2018 9:21 AM Year: 2018 Quarter: 2

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| Summary                                     | This Quarter |  |
|---|--------------|--|
| Total of single expenditures more than \$25 | \$0.00       |  |
| Total of single expenditures \$25 or less   | \$0.00       |  |
| Total of events expenditures                | \$0.00       |  |
| Total Expenditures                          | \$0.00       |  |

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Name: Carolyn Oberholtzer Phone:

## **List of Single Expenditures More than \$25**

| Date  | Name and Address on<br>Whose Behalf<br>Expenditure Made | Nature of Expenditure | City Official<br>Receiving/Benefit<br>ing from<br>Expenditure | Amount of<br>Expenditure |
|---|---|-----------------------|---|--------------------------|
| Total of Single Expenditures More than \$25 |   | \$0.00                |   |                          |

## **List of Expenditures \$25 or Less**

| City Official Receiving/Benefiting from Expenditure | Amount of<br>Expenditure |  |
|---|--------------------------|--|
| Total Expenditures \$25 or Less                     | \$0.00                   |  |

## List of Expenditures for Events (City Code Section 2-1001.4)

|      |                      | · ·                                | •                        |
|------|----------------------|------------------------------------|--------------------------|
| Date | Description of Event | Location                           | Amount of<br>Expenditure |
|      |                      | Total of Event Expenditures        | \$0.00                   |
|      |                      | Total of Event Expenditures        | φ0.00                    |
|      |                      | <b>Total Campaign Expenditures</b> | \$0.00                   |

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By checking this box and typing 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 by typing my name I hereby waive any requirement that this form be notarized in order to be legally enforceable.

TYPED NAME: Tracy Vick EMAIL: tvick@bfsolaw.com