# Quarterly Lobbyist Expenditure Report for Organization

**Submitted: 7/12/2021 6:38 PM** **Year: 2021** **Quarter: 2**

**Tobacco-Free Kids Action Fund**
(202) 296-5469

1400 Eye Street, Suite 1200
Washington, DC, 20005

**No Officer or Employee in Organization Has Expenditures**

| 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:** Claudia Rodas **Phone:**

**This lobbyist has no expenditures.**

## List of Single Expenditures More than $25

| Date | Name and Address on Whose Behalf Expenditure Made | Nature of Expenditure | City Official Receiving/Benefiting from Expenditure | Amount of Expenditure |
|---|---|---|---|---|
| | | | **Total of Single Expenditures More than $25** | **$0.00** |

## List of Expenditures $25 or Less

| City Official Receiving/Benefiting from Expenditure | Amount of 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 Expenditure |
|---|---|---|---|
| | | **Total of Event Expenditures** | **$0.00** |
| | | **Total Campaign Expenditures** | **$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:** Claudia Rodas **EMAIL:** crodas@tobaccofreekids.org