



Quarterly Lobbyist Expenditure Report for Organization

Submitted: 10/14/2020 11:07 AM

Year: 2020

Quarter: 3

Triadvocates LLC
(602) 761-2760

40 N Central Ave Suite 1980
Phoenix, AZ, 85004-4424

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: Barbara L. Meaney

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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Name: Julie Rees

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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Name: Richard Travis

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 |
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| | | | Total of Event Expenditures | \$0.00 |
| | | | Total Campaign Expenditures | \$0.00 |



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Name: Lauren King

Phone:

This lobbyist has no expenditures.

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|------|---|-----------------------|---|-----------------------|
| | | | Total of Single Expenditures More than \$25 | \$0.00 |

List of Expenditures \$25 or Less

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|---|-----------------------|
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| | \$0.00 |

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|------|----------------------|----------|------------------------------------|
| | | | Total of Event Expenditures |
| | | | \$0.00 |
| | | | Total Campaign Expenditures |
| | | | \$0.00 |



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Name: Mike Gardner

Phone:

This lobbyist has no expenditures.

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Name: John B. Kelly

Phone:

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| | | | Total Campaign Expenditures |
| | | | \$0.00 |



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Name: Lourdes Pena

Phone:

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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: Jennifer Casselman

EMAIL: jennifer@triadvocates.com