

Submitted: 7/19/2021 3:07 PM Year: 2021 Quarter: 2

Public Policy Partners (602) 466-1284 322 W. Roosevelt Street Phoenix, AZ, 85003

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 | \$21.55 |
| Total of events expenditures | \$0.00 |
| Total Expenditures | \$21.55 |



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Name: Dianne McCallister Phone:

This lobbyist has no expenditures.

List of Single Expenditures More than \$25

Name and Address on

Date Whose Behalf Nature of Expenditure
Expenditure Made

City Official
Receiving/Benefit Amount of
ing from Expenditure
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: Robert Dalager Phone:

List of Single Expenditures More than \$25

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

List of Expenditures \$25 or Less

| City Official Receiving/Benefiting from Expenditure | Amount of Expenditure |
|---|--------------------------|
| Karen Peters | \$21.55 |
| Total Expenditures \$25 or Less | \$21.55 |

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 | \$21.55 |



Submitted: 7/19/2021 3:07 PM Year: 2021 Quarter: 2

Name: Alexandria Dionne Phone:

This lobbyist has no expenditures.

List of Single Expenditures More than \$25

| Name and Addres Date Whose Behalt Expenditure Ma | Nature of Expenditure | City Official Receiving/Benefit ing 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: Meghaen Dell'Artino 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/Benefit ing 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: Lisa West EMAIL: lisa@p3gr.com