

Submitted: 4/4/2022 4:34 PM Year: 2022 Quarter: 1

Arizona Food Marketing Alliance (602) 252-9761 120 East Pierce St. Phoenix, AZ, 85004

#### 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: Dan Tennessen 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	
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
		<b>Total of Event Expenditures</b>	\$0.00
		Total Campaign Expenditures	\$0.00



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Name: Tim Magino 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
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
		<b>Total of Event Expenditures</b>	\$0.00
		Total of Event Experiences	φυ.υυ
		Total Campaign Expenditures	\$0.00



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Name: Mark Miller Phone:

**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: Penny Hrtanek 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: Kristi briceno 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	
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 of Event Expenditures	ψ0.50
		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: Mark Miller EMAIL: mmiller@afmaaz.org