



Quarterly Lobbyist Expenditure Report for Organization

Submitted: 4/13/2021 5:10 PM

Year: 2021

Quarter: 1

Burch & Cracchiolo, P.A.
(602) 274-7611

1850 N. Central Ave., Suite
1700
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: Alicia M. Bull

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: Edwin C. Bull

Phone:

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List of Expenditures \$25 or Less

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Total Campaign Expenditures			\$0.00



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Name: Matthew J. Skelly

Phone:

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List of Expenditures \$25 or Less

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Name: Burch & Cracchiolo, P.A.

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Name: Ricki Horowitz

Phone:

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List of Expenditures \$25 or Less

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Name: John D. Curtis, II

Phone:

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Name: Brian D. Greathouse

Phone:

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Name: M. Brennan Ray

Phone:

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Name: Andrew Abraham

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: Jacque Collard

EMAIL: jcollard@bcattorneys.com