



# Quarterly Lobbyist Expenditure Report for Organization

Submitted: 1/14/2025 10:33 AM

Year: 2024

Quarter: 4

**Lazarus & Silvyn, P.C.**  
(602) 340-0900

206 E Virginia Avenue  
PHOENIX, Arizona, 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
<b>Total Expenditures</b>	<b>\$0.00</b>



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**Name:** Larry Lazarus

**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
			<b>Total of Single Expenditures More than \$25</b>	<b>\$0.00</b>

## List of Expenditures \$25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
<b>Total Expenditures \$25 or Less</b>	<b>\$0.00</b>

## 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>	<b>\$0.00</b>
			<b>Total Campaign Expenditures</b>	<b>\$0.00</b>



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**Name:** Rory Juneman

**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
			<b>Total of Single Expenditures More than \$25</b>	<b>\$0.00</b>

## List of Expenditures \$25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
<b>Total Expenditures \$25 or Less</b>	
	<b>\$0.00</b>

## 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>
			<b>\$0.00</b>
			<b>Total Campaign Expenditures</b>
			<b>\$0.00</b>



# Quarterly Lobbyist Expenditure Report for Organization

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**Name:** Keri Silvyn

**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
			<b>Total of Single Expenditures More than \$25</b>	<b>\$0.00</b>

## List of Expenditures \$25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
<b>Total Expenditures \$25 or Less</b>	
	<b>\$0.00</b>

## 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>
			<b>\$0.00</b>
			<b>Total Campaign Expenditures</b>
			<b>\$0.00</b>



# Quarterly Lobbyist Expenditure Report for Organization

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**Name:** Michelle Green

**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
			<b>Total of Single Expenditures More than \$25</b>	<b>\$0.00</b>

## List of Expenditures \$25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
<b>Total Expenditures \$25 or Less</b>	
	<b>\$0.00</b>

## 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>
			<b>\$0.00</b>
			<b>Total Campaign Expenditures</b>
			<b>\$0.00</b>



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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:** Cathy Mata

**EMAIL:** cmata@lslawaz.com