



Quarterly Lobbyist Expenditure Report for Organization

Submitted: 4/15/2021 8:20 AM

Year: 2021

Quarter: 1

**Pinnacle West Capital
Corporation**
(602) 250-2333

400 N. 5th St., Mail Station
9721
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: Kendra Lee

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: Jim Bloom

Phone:

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Name: Clayton Allsop

Phone:

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Name: Wendy Valenzuela

Phone:

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Name: Stacy Derstine

Phone:

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Name: Michael Vargas

Phone:

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Name: Mackenzie Fitz-Gerald

Phone:

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Name: Judson Tillinghast

Phone:

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Name: Patrick McDermott

Phone:

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Name: Herschel Fink

Phone:

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Name: Kelly Patton

Phone:

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Name: Ashley Bunch

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Name: Michael Martin

Phone:

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Name: Todd Wynn

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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: Clayton Allsop

EMAIL: clayton.allsop@aps.com