



State of Arizona

PRINCIPAL/PUBLIC BODY

Annual Report of Lobbying Expenditures
File with: Arizona Secretary of State Michele Reagan
Attention: Election Services Division
1700 W. Washington Street, 7th Fl., Phoenix, AZ 85007
(602) 542-8683 (800) 458-5842 (within Arizona)
Website: www.azsos.gov

MICHELE REAGAN Secretary of State

SECRETARY OF STATE

2015 MAR -4 PM 2:52

Lobbying Expenditures For 2014
(Fill in year above)

Check One
[ ] PRINCIPAL
[ ] PUBLIC BODY

FOR OFFICE USE ONLY - REV. 1/05/15

PRINCIPAL/PUBLIC BODY ANNUAL REPORT ~ A.R.S. §§ 41-1232:02, 41-1232.03

Please type or print clearly.

Table with columns: PPB ID (90043), NAME OF PRINCIPAL/PUBLIC BODY (City of Mesa), BUSINESS TEL. ((480) 644-2964), BUSINESS FAX ((480) 644-2175), BUSINESS ADDRESS (20 E. Main Street), CITY (Mesa), STATE (AZ), ZIP CODE (85234)

SUMMARY OF EXPENDITURES

Total single expenditures on behalf of the principal or public body whether or not made in the course of lobbying (Total from page 2):

- By a designated lobbyist, designated public lobbyist or lobbyist for compensation
By authorized lobbyists, authorized public lobbyists or other persons

Aggregate of expenditures of \$20 or less on behalf of the principal or public body whether or not made in the course of lobbying\*:

- By a designated lobbyist, designated public lobbyist or lobbyist for compensation
By authorized lobbyists, authorized public lobbyists or other persons

All expenditures by public body made in the course of lobbying to compensate or reimburse designated and authorized public lobbyists for expenses (Total from page 3)

\$ 136,770.37

Special Events(Total from page 4)

\$ 264.00

TOTAL EXPENDITURES (ADD ABOVE LINES)

\$ 137,034.37

STATE OF ARIZONA )
COUNTY OF MARICOPA ) ss

I, the undersigned, being duly sworn state that this Principal / Public Body Annual Report is complete, and that to the best of my knowledge and belief the information above is true and correct.

Scott Butler

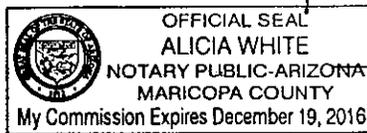
Printed Name of Designated Lobbyist/Designated Public Lobbyist

Scott Butler

Signature of Designated Lobbyist/Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on the 2nd of March, 2015

December 19, 2016
My Commission Expires



Alicia White
Notary Public

\* Principals must report expenditures received by or benefiting state officers or employees; Public Bodies must report expenditures received by or benefiting any member of the legislature.

**ARIZONA  
PRINCIPAL/PUBLIC BODY ANNUAL REPORT**

**SINGLE EXPENDITURES** whether or not made in the course of lobbying  
A.R.S. §§ 41-1232.02, 41-1232.03

City of Mesa

90043

NAME OF PRINCIPAL/PUBLIC BODY

PPB ID #

→ Expenditures by employees of authorized lobbyists must also be reported.

NAME OF LOBBYIST WHO MADE EXPENDITURE	TYPE OF LOBBYIST (SELECT ONE):	
	<input type="checkbox"/> Des./Des. Public Lobbyist	<input type="checkbox"/> Lobbyist For Compensation
	<input type="checkbox"/> Auth./Auth. Public Lobbyist	
	<input type="checkbox"/> Employee for (Lobbyist who is not an individual)	

Name and Title of Person** Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

Name and Title of Person Receiving or Benefiting from Expenditure		CATEGORY OF EXPENDITURE*	
		<input type="checkbox"/> Food or beverage	<input type="checkbox"/> Travel and Lodging
		<input type="checkbox"/> Speaking engagement	<input type="checkbox"/> Flowers
		<input type="checkbox"/> Other (please describe)	
DATE	AMOUNT		

<b>ENTER TOTAL SINGLE EXPENDITURES:</b>		
If additional sheets are attached, enter combined total here.		

\*\* Principals must report expenditures received by or benefiting state officers or employees; Public Bodies must report expenditures received by or benefiting any member of the legislature.

**ARIZONA  
PUBLIC BODY ANNUAL REPORT**

EXPENDITURES BY PUBLIC BODY in the course of  
lobbying to compensate or reimburse Designated  
and Authorized Public Lobbyists\*

Do not complete this form unless the expenditures were made by a Public Body.

City of Mesa

90043

NAME OF PUBLIC BODY

PUBLIC BODY ID

NAME OF LOBBYIST COMPENSATED/REIMBURSED Scott J. Butler	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input checked="" type="checkbox"/> Other (Please describe) <small>48.99 of gross wages (1/14-6/14)</small>	AGG. AMT. \$ 31,201.80
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NAME OF LOBBYIST COMPENSATED/REIMBURSED Scott J. Butler	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input checked="" type="checkbox"/> Other (Please describe) <small>10.82% of gross wages (7/14-12/14)</small>	AGG. AMT. \$ 13,765.50
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NAME OF LOBBYIST COMPENSATED/REIMBURSED Miranda DeWitt	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input checked="" type="checkbox"/> Other (Please describe) <small>23.34% of gross wages (1/14-6/14)</small>	AGG. AMT. \$ 8,069.22
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NAME OF LOBBYIST COMPENSATED/REIMBURSED Miranda DeWitt	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input checked="" type="checkbox"/> Other (Please describe) <small>6.13% of gross wages (7/14-12/14)</small>	AGG. AMT. \$ 4,233.85
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NAME OF LOBBYIST COMPENSATED/REIMBURSED Triadvocates LLC	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input checked="" type="checkbox"/> Other (Please describe) <small>Contract Lobbyist</small>	AGG. AMT. \$ 79,500.00
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NAME OF LOBBYIST COMPENSATED/REIMBURSED	CATEGORY OF COMPENSATION/REIMBURSEMENT: <input type="checkbox"/> Personal sustenance <input type="checkbox"/> Food or beverages <input type="checkbox"/> Filing fees <input type="checkbox"/> Speaking engagement <input type="checkbox"/> Legal fees <input type="checkbox"/> Travel and lodging <input type="checkbox"/> Employee compensation <input type="checkbox"/> Flowers <input type="checkbox"/> Other (Please describe)	AGG. AMT.
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ENTER TOTAL:  
If additional sheets are attached, enter combined total here.

**\$ 136,770.37**

# ARIZONA

## PRINCIPAL/PUBLIC BODY ANNUAL REPORT SPECIAL EVENTS REPORTING A.R.S. §§ 41-1232.02(F) AND 41-1232.03(F)

NAME OF PRINCIPAL/PUBLIC BODY \_\_\_\_\_

PPB ID \_\_\_\_\_

### EXPENDITURES FOR SPECIAL EVENTS TO WHICH ARE INVITED

- ALL MEMBERS OF THE LEGISLATURE
- EITHER HOUSE OF THE LEGISLATURE; OR
- ANY COMMITTEE OF THE LEGISLATURE

<u>DESCRIPTION</u>	<u>DATE</u>	<u>LOCATION</u>	<u>LEGISLATIVE BODY/COMMITTEE</u>	<u>TOTAL EXPENSES</u>
<input type="checkbox"/> Party <input checked="" type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)	3/7/14	Riverview Park - Cubs Stadium	90 AZ Legislators invited	\$ 264.00
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				
<input type="checkbox"/> Party <input type="checkbox"/> Athletic Event <input type="checkbox"/> Dinner <input type="checkbox"/> Entertainment <input type="checkbox"/> Other (please describe)				

**ENTER TOTAL EXPENDITURES FOR SPECIAL EVENTS:**  
If additional sheets are attached, enter combined total here.

**\$ 264.00**

