DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[b] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[a] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
☐ Prime ☒ Subawardee
Tier _____, *if known*:
Pinal County
P.O. Box 1348
Florence, Arizona 85132-3047

Congressional District, *if known*: 2

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
Arizona Department of Public Safety
P. O. Box 6638
Phoenix, Arizona 85005-6638

Congressional District, *if known*:

6. Federal Department/Agency:
Department of Justice, OJP, Office for Victims of Crime

7. Federal Program Name/Description:
Crime Victim Assistance
CFDA Number, *if applicable*: 16.575

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):
Capital Strategies
1702 East Highland Avenue, Suite 204
Phoenix, Arizona 85016

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):
Bloch, Steve

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____ ☐ Not Applicable
Print Name: Mike Goodman
Title: Chairman of the Board of Supervisors
Telephone No.: 520-866-6068 Date: _____

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Standard Form LLL (Rev. 7-97)