



**DUE DATE: NOV. 30, 2017**

## LOBBYING ACTIVITY REPORT

**May 1, 2017 through October 31, 2017**

(EACH ITEM MUST BE COMPLETED. WHERE INFORMATION IS INAPPLICABLE, NOTE "N/A" OR "0")

**1. Name of Lobbyist:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail: (optional)** \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_

**3. Check one:**

The information submitted on the Lobbying Registration and Employer Authorization forms is unchanged.

The information submitted on the Lobbying Registration and Employer Authorization forms has changed as follows (use a separate sheet if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.** I am currently registered, but will terminate my registration to lobby for this employer, effective: \_\_\_\_\_  
 (The date must be included for the termination to be effective.)

**5.** I solemnly declare and affirm under the penalties of perjury that the contents of this report and any attachments are complete, true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature of Lobbyist: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ (seal)

My Commission expires: \_\_\_\_\_

**6. COMPENSATION AND EXPENDITURES**

A. Total compensation (excluding expenses reported below) paid to the *individual lobbyist whose signature appears on this form*. If lobbying accounts for only a portion of a lobbyist's compensation from the employer, then the amount shall be prorated and labeled as such, based on the percentage of time spent on lobbying compared to the time spent on other employment duties.

\$ \_\_\_\_\_

B. Office expenses of the lobbyist including salaries, compensation, and reimbursed expenses for staff of the lobbyist.

\$ \_\_\_\_\_

C. The amount paid for professional and technical research and assistance.

\$ \_\_\_\_\_

D. The amount paid for publications that expressly encourage persons to communicate with County officials and employees.

\$ \_\_\_\_\_

E. The names of witnesses and the fees and expenses paid to each. (Use a separate sheet if needed.)

Witness \_\_\_\_\_ \$ \_\_\_\_\_

Witness \_\_\_\_\_ \$ \_\_\_\_\_

F. The amount paid for meals and beverages for County officials, employees, and their immediate families.

\$ \_\_\_\_\_

G. The amount paid for special events, including parties, dinners, athletic events, entertainment, and other functions to which an employee was invited.

\$ \_\_\_\_\_

H. The expenses paid for food, lodging, and scheduled entertainment of employees who are attending a meeting and that are being provided in return for participation in a panel or speaking engagement at the meeting.

\$ \_\_\_\_\_

I. The amount paid for other gifts, including their itemized description, to or for employees and their immediate families. (Use a separate sheet if needed.)

Item \_\_\_\_\_ \$ \_\_\_\_\_

Item \_\_\_\_\_ \$ \_\_\_\_\_

J. The amount paid for other expenses (not otherwise listed), including their itemized description. (Use a separate sheet if needed.)

Expense \_\_\_\_\_ \$ \_\_\_\_\_

Expense \_\_\_\_\_ \$ \_\_\_\_\_

**7. ITEMIZED EXPENDITURES ON GIFTS TO EMPLOYEES OR IMMEDIATE FAMILY MEMBERS THAT MEET OR EXCEED A CUMULATIVE VALUE OF \$50.**

For each employee or member of the employee's immediate family who has benefited from a gift or gifts with a cumulative value of \$50 or more given by or on behalf of the lobbyist, *whether or not the gifts were given in connection with lobbying activities*, the name of the employee or family member, the date, value, and nature of the gift. (Use a separate sheet if needed.)

<u>Employee</u>	<u>Date</u>	<u>Value</u>	<u>Nature of Gift</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____