

FREDERICK COUNTY ETHICS COMMISSION

c/o Office of the County Attorney
Winchester Hall, 12 East Church Street
Frederick, Maryland 21701
(301) 600-1030
(301) 600-1161 (Fax)

LOBBYING ACTIVITY REPORT

Read the instructions carefully before completing this form. If you had reportable expenses or compensation during the reporting period, complete Sections 1 through 4. **If you had no reportable compensation or expenses during the reporting period, but were registered to engage in lobbying, check here _____ and complete Sections 1 and 4.** If additional forms are required for this employer, those forms should be attached to and made a part of this filing.

Period covered by this report: January 1, 20____ through June 30, 20____
(Check one and fill in blanks) July 1, 20____ through December 31, 20____

SECTION 1. IDENTIFICATION OF THE REGISTRANT, OTHER LOBBYISTS AND THOSE ON WHOSE BEHALF THE LOBBYIST WILL ACT

- 1.1 Identifying information for the lobbyist filing this Report. (Complete all blanks, compare to registration form and explain any differences.)

Full legal name: _____

Permanent address (include firm name if applicable): _____

Business telephone number: (____) _____

Occupation or type of business: _____

- 1.2 Identification of the lobbyist's employer. (Complete only if the registrant acts on behalf of another.)

- 1.2.1 Identify all persons or organizations who compensated the lobbyist for activities requiring this registration:

Full legal name: _____

Permanent address: _____

Business telephone number: (____) _____

Nature of business: _____

- 1.2.2 Identify any other person or entity whom the lobbyist represented regarding the matters covered by the registration: (If none, put in the word "none.")

1.3 Identification of others required to register.

- 1.3.1 Was any other person required to register as a lobbyist on behalf of the employer identified in Section 1.2? Yes _____ No _____

- 1.3.2 If the answer in Section 1.3.1 is "yes," identify each such person below and give their name, permanent address and business telephone number:

1.4 Term and subject matter.

- 1.4.1 State the period within a single calendar year (include both beginning and ending month, day and year) for which the registration is effective: _____
to _____

- 1.4.2 Identify the matters (including formal designation if known) on which the lobbyist acted or employed someone to act during the registration period covered by this report:

1.5 Exemption status. Is the employer listed in Section 1.2 exempt from lobbyist registration and reporting because all expenditures requiring registration are reported by one or more regulated lobbyists? Yes _____ No _____

If the lobbyist selects "no" in Section 1.5, the employer of the lobbyist must file a separate Lobbying Activity Report.

If the exemption claimed differs from the registration form, please explain in writing: _____

SECTION 2. COMPENSATION AND EXPENDITURES

- 2.1 Total compensation paid to the registrant. (Do not include sums reported in any other Section.) \$ _____

Check here if the amount has been prorated because the registrant is compensated for services in addition to lobbying activities.

- ## 2.2 Office expenses.

<u>Expense Type</u>	<u>Amount/Value</u>

Total Amount/Value \$

- ### 2.3 Professional and technical research and assistance not reported in Section 2.1.

<u>Description</u>	<u>Amount/Value</u>

Total Amount/Value \$

- 2.4 Publications that expressly encourage communication with County officials or employees. \$

- ## 2.5 Witnesses and the fees and expenses paid to each.

<u>Date</u>	<u>Name of Witness</u>	<u>Nature of Payment</u>	<u>Amount/Value</u>

Total Amount/Value \$ _____

2.6 Food and beverages for County officials and employees.

<u>Date</u>	<u>Official or Employee Name</u>	<u>Location</u>	<u>Amount/Value</u>

Total Amount/Value \$ _____

2.7 Food, lodging, and scheduled entertainment of County officials and employees for a meeting given in return for participation on a panel or a speaking engagement at the meeting. (List each meeting.)

<u>Date</u>	<u>Official or Employee Name</u>	<u>Location</u>	<u>Expense Type (food lodging, entertainment)</u>	<u>Event Sponsor</u>	<u>Amount/Value</u>

Total Amount/Value \$ _____

2.8 Other gifts to County officials or employees or their spouses or dependent children.

<u>Date</u>	<u>Official or Employee Name</u>	<u>Nature of Gift</u>	<u>Amount/Value</u>

Total Amount/Value \$ _____

2.9 Other expenses.

<u>Date</u>	<u>Type of Expense</u>	<u>Amount/Value</u>

Total Amount/Value \$ _____

TOTAL OF SECTIONS 2.2 THROUGH 2.9 \$ _____

SECTION 3. SPECIAL GIFT REPORT

List gifts with a cumulative value of \$75 or more to an official, employee or member of the immediate family of an official or employee. (Exclude gifts reported in Section 2.) Gifts must be disclosed regardless of whether the gift was given in connection with lobbying activity.

SECTION 4. SIGNATURE AND OATH

I hereby affirm under the penalties of perjury and upon personal knowledge that the contents of this report, including any attachments, are complete and true.

Signature of Person Filing: _____

Printed Name of Person Filing: _____

Date:

November 2011