

**HOWARD COUNTY PUBLIC ETHICS COMMISSION**  
**c/o Howard County Office of Law**  
**3450 Court House Drive**  
**Ellicott City, Maryland 21043**  
**410-313-3084**

**LOBBYING REPORT**

Period covered by this report: January 1, \_\_\_\_\_ (Year) through June 30, \_\_\_\_\_ (Year).  
July 1, \_\_\_\_\_ (Year) through December 31, \_\_\_\_\_ (Year)

**I. Identification of Lobbyist**

- A. Name of Registrant: \_\_\_\_\_
- B. Firm Name (if applicable): \_\_\_\_\_
- C. Address: \_\_\_\_\_  
\_\_\_\_\_
- D. Telephone: \_\_\_\_\_
- E. Email: \_\_\_\_\_

**II. Identification of Employer** (person or entity that compensate registrant for activities that require registration)

- A. Name of person/entity: \_\_\_\_\_
- B. Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Nature of business: \_\_\_\_\_
- D. Please identify the matters on which the lobbyist acted during the above-designated reporting period.  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: you must file a **separate report for each** person/entity that is employing you for lobbying purposes.

**III. Lobbying Registration:**

\_\_\_\_\_ I certify that there are no changes to the information reported on the Lobbying Registration form for this entity.

\_\_\_\_\_ There are changes to the Lobbying Registration form for this entity. (If applicable you must submit a revised Lobbying Registration form and attach it to this Report).

**IV. Expenditures on Lobbying Activity**

	Type of Expenditure	Amount*
A.	Total Compensation Paid to Lobbyist, not including expenses listed in items B – I below	
B.	Office expenses of Lobbyist	
C.	Professional and technical research and assistance	
D.	Publications which expressly encourage persons to communicate with County officials or employees	
E.	List name of each witness and amount paid to each witness	
F.	Meals and beverages for County officials and employees	
G.	Reasonable expenses for food, lodging, entertainment, etc. of County officials or employees for a meeting which is given in return for participation in a panel or speaking engagement at the meeting	
H.	Other gifts to or for County officials or employees or their spouses or dependent children	
I.	Other expenses	
	<b>TOTAL:</b>	

\*A prorated amount shall be labeled as such.

**V. Special Gift Report**

Please list gifts given from the lobbyist to a County official, employee, or member of the immediate family or dependent child of the County official or employee, with a cumulative value of \$75 or more during above-designated reporting period. Gifts must be reported regardless of whether given in connection with lobbying activities.

<u>Nature of Gift</u>	<u>Beneficiary</u>	<u>Value</u>	<u>Date Given</u>
-----------------------	--------------------	--------------	-------------------

**VI. Certification of Lobbyist**

I hereby certify that the information contained in this Lobbying Report is true, correct, and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name