

**BALTIMORE COUNTY ETHICS COMMISSION  
BALTIMORE COUNTY, MARYLAND**

Room 219 – Old Courthouse  
400 Washington Avenue  
Towson, Maryland 21204

**LOBBYING ACTIVITY REPORT**

**Important:** Before completing, read directions carefully.

**Part A. GENERAL INFORMATION**

Registration for (check appropriate blanks):

Legislative Branch Lobbyist \_\_\_\_\_ Executive Branch Lobbyist \_\_\_\_\_

**Part B. IDENTIFICATION OF REGISTRANT**

I. Identifying information (complete all blanks):

- a. Name \_\_\_\_\_
- b. Permanent Address \_\_\_\_\_
- c. Business Telephone (\_\_\_\_\_) \_\_\_\_\_
- d. Occupation or Type of Business \_\_\_\_\_

II. Identification of employer (complete only if registrant acts on behalf of another; also, have employer complete Part C):

- a. Identify all persons or organizations who compensate the registrant for activities requiring this report:  
Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Business Telephone (\_\_\_\_\_) \_\_\_\_\_  
Nature of Business \_\_\_\_\_
- b. Identify any other person whom the registrant represents or has represented regarding the matters covered by this report (if none, put "none"):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Registration Information

- a. State the period (include both beginning and ending month, day and year) for which this report is filed: \_\_\_\_\_ to \_\_\_\_\_
- b. Identify the matters (including formal designation if known) on which the registrant Acts, has acted, or employs or has employed someone to act during the reporting period.  
\_\_\_\_\_  
\_\_\_\_\_

**PART C. AUTHORIZATION TO ACT (to be completed by each person identified in Part B. II.)**

I. I hereby certify that the information contained herein is correct and that \_\_\_\_\_  
\_\_\_\_\_ is hereby authorized to act on behalf of \_\_\_\_\_  
\_\_\_\_\_ for the period set forth in Part B. II. a., and as to the matters set forth in Part B. III. b. herein.

II. I do \_\_\_\_\_ do not \_\_\_\_\_ claim exemption from registration and reporting requirements on the grounds that I compensate the above registrant or registrants and I believe that all expenditures requiring registration will be reported by the herein authorized registrations or other registrant acting on my behalf, and I engage in no other act that would require registration and reporting.

Employer's Signature	Date	Signature of Person Identified in Part B, II. b.	Date
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**PART D. COMPENSATION AND EXPENSES**

1. Meals and beverages for public officials or their spouses or dependent children. \$ \_\_\_\_\_
  
2. Special events, including parties, dinners, athletic events, entertainment and other functions to which all members of the County Council, or all members of a standing committee of the County Council are invited. List date, location, group benefited and total expenses for each event. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_
  
3. Expenses for food, lodging and scheduled entertainment of public officials for a meeting which is given in return for participation in a panel or speaking engagement at the meeting. List date, location and total expense for each meeting.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_
  
4. Gifts to or for public officials or their spouses or dependent children (not including sums reported in 1, 2 and 3). \$ \_\_\_\_\_
  
5. Total compensation paid to registrant (not including sums reported in any other section of Part D.). \$ \_\_\_\_\_
  
6. Salaries, compensation and reimbursed expenses for staff of the registrant. \$ \_\_\_\_\_
  
7. Office expenses not reported in 5 and 6. \$ \_\_\_\_\_
  
8. Cost of professional and technical research and assistance not reported in 5 and 6. \$ \_\_\_\_\_
  
9. Cost of publications which expressly encourage persons to communicate with officials or employees. \$ \_\_\_\_\_
  
10. Name of witnesses, and fees and expenses paid to each.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  

Total \$ \_\_\_\_\_
  
11. Other Expenses. \$ \_\_\_\_\_
  
- TOTAL OF ITEMS D-1 THROUGH D-11** **\$ \_\_\_\_\_**

**PART E. BENEFICIARIES OF GIFTS WITH CUMULATIVE VALUE OF \$100 OR MORE**

- I. Identify separately in the space below each public official (or spouse or dependent child) who has benefited from gifts with a spouse or dependent child) who has benefited from gifts with a cumulative value of \$100 or more during the period covered by this report. You may exclude from calculations and listing expenses reported in Items D-2 and D-3 above. You must include in your calculations all gifts (as defined in §7-1-101 of the Baltimore County Code) regardless of whether or not they were connected with your lobbying activities in the reporting period.
  
- II. You must complete columns 3, 4 and 5 below only with respect to each official, employee or family member for whom the cumulative value of all gifts is equal to or more than \$100. For each such person, itemize the date, amount or value, and nature of each succeeding gift after the \$100 cumulative value is met or exceeded.

NAME OF BENEFICIARY	TITLE OR POSITION (IF FAMILY MEMBER OF PUBLIC OFFICIAL, NAME OF PUBLIC OFFICIAL AND RELATIONSHIP)	DATE	ITEMIZABLE GIFTS AMOUNT OR VALUE	NATURE

**PART F. SIGNATURE AND OATH**

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

\_\_\_\_\_  
Signature of Person Filing

Date: \_\_\_\_\_