

Elaine F. Marshall, Secretary of State

**2017 Report By Designated Individual/Immediate Family Member**

**Decline, Returned, Payment For or Donation of Reportable Expenditure**

**[NCGS §120C-401(j)]**

**Mailing Address: P.O. Box 29622 Phone:** 919-814-5400

**Raleigh, NC 27626-0622**

**Street Address: 2 South Salisbury Street EMAIL:** [**lobbyistfiling@sosnc.gov**](mailto:lobbyistfiling@sosnc.gov)

**Raleigh, NC 27601-2903**

Submit completed report to the Department by one of the following methods: (1) by United States mail at Secretary of State, Post Office Box 29622, Raleigh, North Carolina 27626-0622; (2) in person or by a designated delivery service authorized pursuant to NCGS §1A-1, Rule 4, at Department of the Secretary of State, 2 South Salisbury Street, Raleigh, NC 27601-2903; (3) electronically by electronic mail via the Internet site at [lobbyistfiling@sosnc.gov](file:///C:\2015\2015%20Forms%20L%20Drive%20Final\lobbyistfiling@sosnc.gov) (any document(s) attached to the filing other than the form or report must be compatible with or convertible to the most recently issued version of Microsoft Word®), provided the original signed document is received by the Department or mailed with a postmark dated within seven calendar days following the Department’s receipt of the electronic transmission; an electronic filing for which the original is not received or postmarked within seven calendar days following the Department’s receipt of the electronic transmission is void; or (4) by facsimile to (919)807-2205, provided the original signed document is **received** by the Department or mailed with a postmark dated within **seven** calendar days following the Department’s receipt of the faxed transmission; a faxed filing for which the original is not so received or postmarked within seven calendar days following the Department’s receipt of the faxed transmission is void.

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# Enter full name of designated individual/immediate family member filing report

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Enter registered name(s) of principal and/or lobbyist making subject reportable expenditure

Was subject reportable expenditure (\_\_\_\_\_\_\_) prohibited or (\_\_\_\_\_\_\_) permissible under GS138A-32?

(*Check one*)

Subject Reportable Expenditure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Enter Date of Reportable Expenditure by Lobbyist or Principal | Enter Description of Reportable Expenditure | Enter Amount of Reportable Expenditure | Action By Designated Individual or Immediate Family Member (Enter Declined, Returned, Paid For or Donated) | Enter  Date of Decline, Return, Payment or Donation | Enter  Recipient of Return, Payment or Donation |
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**Report Preparer’s Identity/Signature (Rule 18 NCAC 12.0205)**

**(Complete only if prepared by a person other than designated individual/immediate family member filing report)**

**Signature of Report Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enter Printed Full Name of Report Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification by Designated Individual/Immediate Family Member**

**I hereby certify that the information contained herein is to the best of my knowledge true, correct and complete.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Designated Individual/Immediate Family Member Date**

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## Daytime Telephone Number of Filer Fax Number of Filer E-Mail Address of Filer

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**FOR DEPARTMENTAL USE ONLY**

**Expenditure reported by (\_\_\_\_\_) principal (\_\_\_\_\_) lobbyist in period ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Return or payment reported by (\_\_\_\_\_) principal (\_\_\_\_\_) lobbyist in period ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**