

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 Raleigh, NC 27626-0622 Street Address: 2 South Salisbury Street Raleigh, NC 27601-2903 Phone: 919-814-5400

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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 <u>lobbyistfiling@sosnc.gov</u> (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 <u>received</u> 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 is <u>received</u> by the Department or mailed within seven calendar days following the Department is <u>received</u> by the Department or mailed within seven calendar days following the Department is <u>received</u> by the Department or mailed within seven calendar days following the Department or mailed with a postmark dated within seven calendar days following the Department or mailed with a postmark dated within seven calendar days following the Department or mailed with a postmark dated within seven calendar days following the Department or mailed with a postmark dated within seven calendar days following the Department or mailed with a postmark dated within seven calendar days following 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.

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

Enter elected or appointed office of designated individual /relationship of immediate family member

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

| | | | Action By | | | | |
|----------------|---------------------------------|-------------|---------------------|----------|-------------------------------------|--|--|
| | | | Designated | Enter | | | |
| | | | Individual or | Date of | | | |
| Enter Date of | | | Immediate Family | Decline, | | | |
| Reportable | | Enter | Member (Enter | Return, | | | |
| Expenditure by | | Amount of | Declined, Returned, | Payment | Enter | | |
| Lobbyist or | Enter Description of Reportable | Reportable | Paid For or | or | Recipient of Return, Payment | | |
| Principal | Expenditure | Expenditure | Donated) | Donation | 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)

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/Imm | Date | |
|--|--|-------------------------|
| Daytime Telephone Number of Filer | Fax Number of Filer | E-Mail Address of Filer |
| ************************************** | ************************************** | ***** |
| Expenditure reported by () princip | al () lobbyist in period end | ed |

Return or payment reported by (_____) principal (_____) lobbyist in period ended ______.