|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| e  Elaine F. Marshall, North Carolina Secretary of State  2018 LOBBYIST MONTHLY EXPENSE REPORT   |  |  |  |  | | --- | --- | --- | --- | | MAILING ADDRESS: | Lobbying Compliance Division  Department of the Secretary of State  PO Box 29622  Raleigh, NC 27626-0622  2 South Salisbury Street  Raleigh, NC 27601-2903 |  |  | |  |  | |  |  | | STREET ADDRESS: | WEB: | https://www.sosnc.gov/ |   □ AMENDED REPORT (Check if amending previously filed report.)Original Tracking # *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

PERIOD: Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE ENTER MONTH)

Name of Lobbyist as Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Name of Principal As Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR
* I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

**Part I: Reportable Expenditures**

**NOTE:** If 15 or less designated individuals (“DIs”) are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group’s purpose or composition. If DIs’ immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C-401(b1).

**\*EXPENSE CODES**

**TL***:* Transportation and Lodging **FB**: Food and Beverages **GI**: Gifts

**EN**: Entertainment **ME**: Meetings and Events **OT**: Other

**Section A. Lobbyist Made and Principal Reimbursed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Description of Expenditure,**  **Payee/Beneficiary and Address** | **Designated Individual(s) or Immediate Family Member(s) Benefited** | **Exp. Code (see above)** | **Amount** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_**

**Section B. Lobbyist Made and Principal Did Not Reimburse:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Description of Expenditure,**  **Payee/Beneficiary and Address** | **Designated Individual(s) or Immediate Family Member(s) Benefited** | **Exp. Code (see above)** | **Amount** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_**

**Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months**

|  |  |  |  |
| --- | --- | --- | --- |
| **Effective Date (s)** | **Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship** | **Applicable Designated Individual (“D”) or DI Immediate Family Member** | **Amount or Other Consideration (Value)** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_**

**Part III: Solicitation of Others Exceeding $3,000.00**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (s) of Solicitation** | **Description of Solicitation** | **Payee/Beneficiary and Address** | **Expense Amount** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_\_\_**

**Part IV. Event Reporting**

**(Use this page only if the LOBBYIST has incurred event reportable expenditures OR THE PRINCIPAL REIMBURSED THE lOBBYIST FOR AN EVENT.)**

|  |
| --- |
| **Please comply with the State Ethics Commission Rule, 30 NCAC 10C .0302 when completing Sections A or B of Event Reporting. This rule became effective on January 1, 2014.**  **State Ethics Commission Rule 30 NCAC 10C .0302 REPORTABLE EXPENDITURES MADE FOR LOBBYING**  (a) Forpurposes of G.S. 120C-402(b)(1) and 120C-403(b)(1), when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the “gift” given or provided to the designated individual(s) attending the event. Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with the lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.  (b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held. |

**Section A. Lobbyist Made Directly**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Date** | **Name of Event & Description of Expenditure Payee/Beneficiary and Address** | **Designated Individual or Immediate Family or Third Party Beneficiary** | **\*Expense**  **Code** | **Total Cost of the Event Paid By Lobbyist** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_**

**SECTION B. LOBBYIST MADE AND PRINCIPAL REIMBURSED**

**Name of Principal That Reimbursed Lobbyist for Event Costs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Date** | **Name of Event & Description of Expenditure Payee/Beneficiary and Address** | **Designated Individual or Immediate Family or Third Party Beneficiary** | **\*Expense**  **Code** | **Total Cost of the Event Paid By Principal** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**This Period’s Subtotal: (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_\_\_\_**

**Part V: Certification and Notarization**

**IMPORTANT INSTRUCTIONS FOR LOBBYIST AND NOTARY**

LOBBYIST MUST SIGN AND DATE HERE TO CERTIFY THE REPORT. FOR QUARTERLY REPORTS UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

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

**Signature of Lobbyist Date**

Sworn to (or affirmed) and subscribed before me,

this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_.

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

**Signature of Notary Public**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **(NOTARY STAMP OR SEAL)**

**Part VI: Report Preparer’s Identity/Signature**

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

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

DO not Complete unless REPORT preparer IS a person other than the reporting lobbyist who exercised independent judgment or discretion as to the information reported herein. lobbyist signature here is unnecessary and will not constitute certification of THE report under oath.

**FOR INFORMATIONAL USE ONLY; DISCARD BEFORE FILING.**

* Expense reports are due quarterly, regardless of whether reportable expenditures are made, no later than 15 business days after the end of the calendar quarter.
* Do not use a zero expense report form for a monthly report or for a quarterly report that requires incorporation of a prior monthly report. Incomplete reports may be rejected.
* In addition, any reportable expenditure incurred while the General Assembly is in session with respect to lobbying legislators and legislative employees is reportable monthly no later than 10 business days after the end of the month.
* The information reported on any monthly report should be incorporated by reference on the long quarterly report form in the space provided.
* NCGS § 120C-401(d) states: Each report required by this Article shall be in the form prescribed by the Secretary of State and filed electronically.
* Submit completed (notarized) reports that have been electronically filed at https://www.sosnc.gov/ but do not have an electronic notarization to the Department by one of the following methods:
  + (1) By United States mail addressed to the Lobbying Compliance Division, Secretary of State, Post Office Box 29622, Raleigh, North Carolina 27626-0622, postmarked within seven calendar days of the electronic filing,
  + (2) By hand-delivery in person or by a designated delivery service authorized pursuant to NCGS §1A-1, Rule 4, to the Lobbying Compliance Division, Department of the Secretary of State, 2 South Salisbury Street, Third Floor, Raleigh, NC 27601-2903, by 5:00 PM within seven calendar days of the electronic filing, in the case of hand-delivery in person, or postmarked by the authorized delivery service in the case of delivery within seven calendar days of the electronic filing;
* If you have an electronic notarization, submit completed reports electronically with electronic notarization transmitted to the Department by 11:59 PM of the filing deadline.
* Any document attached to the filing other than the Department’s form, must be compatible with, or convertible to Microsoft Word 2007.
* Please choose which kind of record keeping method you are utilizing for this report.

**Event REPORTING Information**

**“Date”** means you must provide the date of the event or meeting if different from the date of the reportable expenditure; reportable expenditures made for lobbying events shall be reported for the month the lobbying event is held.

**“Description of Expenditure”** means you must provide:

1) An identification of what was given;

2) An identification, name, or title of the event or meeting at which the item, service, monetary contribution, etc was given including the payee/beneficiary name and address; and

3) An identification of the third party recipient of the item, service or monetary contribution, etc. made at the request of or on behalf of a designated individual or a member of his or her immediate family.

**“Designated Individual(s) or Immediate Family Member(s) Connected with Expenditure”** means you must provide the name(s) of the designated individual or member of the designated individual’s immediate family who:

1) Received or benefited from the reportable expenditure, if the designated individual or immediate family member was the ultimate recipient of the expenditure, or;

2) Requested the reportable expenditure or on whose behalf the reportable expenditure was made, if a third party other than the designated individual or immediate family member was the ultimate recipient of the expenditure. If 15 or less designated individuals (“DIs”) are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group’s purpose or composition. If DIs’ immediate family members are benefited, state separately.

**“Amount”** means when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the “gift” given or provided to the designated individual(s) attending the event.

Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with a lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.