



**City of Bowie Ethics Commission**  
**15901 Excalibur Road, Bowie, MD 20716**  
**P: 301-809-3075**  
**F: 301-809-2302**  
[www.cityofbowie.org/ethics](http://www.cityofbowie.org/ethics)

(Note: Please type or print front and back **legibly** or the form will not be accepted.)

## **LOBBYING ACTIVITY REPORT**

**For the period: January 1, \_\_\_\_\_ through June 30, \_\_\_\_\_ Due: July 31, 20\_\_\_\_\_**

(EACH ITEM MUST BE COMPLETED. WHERE INFORMATION IS INAPPLICABLE, NOTE "N/A" OR "0")

1. Name of Lobbyist: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone:\* \_\_\_\_\_
4. E-mail:\* \_\_\_\_\_
5. Name of Employer/Client: \_\_\_\_\_

6. Check one:

The information submitted on the Lobbying Registration Form is unchanged.

The information submitted on the Lobbying Registration Form has changed as follows (use a separate sheet if needed):

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7. I am currently registered, but will terminate my registration to lobby for this employer, effective:

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(The date must be included for the termination to be effective.)

Date: \_\_\_\_\_ Signature of Lobbyist: \_\_\_\_\_

**8. COMPENSATION AND EXPENDITURES**

A. Total compensation (**excluding** expenses reported below) paid to the *individual lobbyist whose signature appears on this form*. If lobbying accounts for only a portion of a lobbyist's compensation from the employer, then the amount shall be prorated and labeled as such, based on the percentage of time spent on lobbying compared to the time spent on other employment duties.

\$ \_\_\_\_\_

B. Office expenses of the lobbyist including salaries, compensation, and reimbursed expenses for staff of the lobbyist.

\$ \_\_\_\_\_

C. The amount paid for professional and technical research and assistance.

\$ \_\_\_\_\_

D. The amount paid for publications that expressly encourage persons to communicate with City officials and employees.

\$ \_\_\_\_\_

E. The names of witnesses and the fees and expenses paid to each. (Use a separate sheet if needed.)

Witness \_\_\_\_\_ \$ \_\_\_\_\_

Witness \_\_\_\_\_ \$ \_\_\_\_\_

F. The amount paid for meals and beverages for City officials, employees, and their immediate families.

\$ \_\_\_\_\_

G. The amount paid for special events, including parties, dinners, athletic events, entertainment, and other functions to which an employee was invited.

\$ \_\_\_\_\_

H. The expenses paid for food, lodging, and scheduled entertainment of employees who are attending a meeting and that are being provided in return for participation in a panel or speaking engagement at the meeting.

\$ \_\_\_\_\_

I. The amount paid for other gifts, including their itemized description, to or for employees and their immediate families. (Use a separate sheet if needed.)

Item \_\_\_\_\_ \$ \_\_\_\_\_

Item \_\_\_\_\_ \$ \_\_\_\_\_

J. The amount paid for other expenses (not otherwise listed), including their itemized description. (Use a separate sheet if needed.)

Expense \_\_\_\_\_ \$ \_\_\_\_\_

Expense \_\_\_\_\_ \$ \_\_\_\_\_

**9. ITEMIZED EXPENDITURES ON GIFTS TO EMPLOYEES OR IMMEDIATE FAMILY MEMBERS THAT MEET OR EXCEED A CUMULATIVE VALUE OF \$50.**

For each employee or member of the employee's immediate family who has benefited from a gift or gifts with a cumulative value of \$50 or more given by or on behalf of the lobbyist, *whether or not the gifts were given in connection with lobbying activities*, the name of the employee or family member, the date, value, and nature of the gift. (Use a separate sheet if needed.)

<u>Employee</u>	<u>Date</u>	<u>Value</u>	<u>Nature of Gift</u>
_____			
_____			
_____			

10. **TOTAL OF EXPENDITURES REPORTED ABOVE:** \$ \_\_\_\_\_

\* The ethics law does not require disclosure of the lobbyist's phone or e-mail address. This information is requested and encouraged in order to permit efficient communications between the ethics commission and the lobbyist. If you do not want to make this information publicly available, please check this box  and the information will be redacted from the public file.