

# **St. Mary's County Ethics Commission** **Lobbying Registration Information and Forms**

## **General Information on Lobbying**

According to Section 8A of the St. Mary's County Public Ethics Ordinance:

- A. Any person who lobbies a St. Mary's County Official or employee and who, in connection with such lobbying, expends or reasonably expects to expend in a given calendar year in excess of \$500 on gifts, including but not limited to, meals, tickets, admission passes, awards or honoraria for county officials and/or employees shall file a registration statement with the commission not later than seven (7) days of the first of the two above alternatives to occur.

Section 3A and Section 3B of the Ordinance define lobbying to be:

- A. Communicating in the presence of a St. Mary's county official or employee with the intent to influence any official action of that official or employee; or
- B. Engaging in activities having the express purpose of soliciting others to communicate with a St. Mary's County official or employee with the intent to influence any official action of that official or employee.

## **Required Forms and Timelines**

A separate registration must be made for each calendar year during which the specifications of Section 8A are met.

In addition, Section 8C of the St. Mary's County Public Ethics Ordinance requires:

- C. Registrants under this section shall file a written report by April 15 following any calendar year during which they were registered disclosing the value, date, and nature of any gifts, including but not limited to, meals, tickets or admission passes, awards or honoraria provided to County officials and/or employees during the preceding calendar year. The official or employee shall be identified by name and official title.

# LOBBYIST REGISTRATION FORM

To be filled by those required to register within seven days of first lobbying activity.

**A. IDENTIFICATION OF LOBBYIST**

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**B. IDENTIFICATION OF ENTITY ON WHOSE BEHALF REGISTRANT IS ACTING**

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**C. IDENTIFICATION OF LOBBYING MATTERS**

Identify the agency(ies), official(s) and subject matter(s) about which the registrant will lobby.

*“I hereby certify under the penalties of perjury that the facts set forth herein are true to the best of my knowledge, information and belief.”*

**D. SIGNATURE AND OATH**

Signature of lobbyist: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed name and expiration date: \_\_\_\_\_

*Attach additional pages as needed*

# LOBBYING ACTIVITY REPORT

To be filed by April 15<sup>th</sup> of the calendar year following registration as a lobbyist.

**A. IDENTIFICATION OF LOBBYIST**

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**B. MEALS AND BEVERAGES**

List the total amount paid for meals and beverages for county officials, employees, and their immediate families.

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

Please itemize for each event the name of the official, employee, or immediate family member receiving meal and/or beverages, the date, the location, and the amount paid. *Attach additional pages as needed.*

Name	Date	Location	Amount Paid

**C. SPECIAL EVENTS**

List the total amount paid special events, including parties, dinners, athletic events, entertainment, and other functions, for county officials, employees, and their immediate families.

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

Please itemize for each special event the date, the location, and the amount paid for any County official, employee or immediate family. *Attach additional pages as needed.*

Name	Date	Location	Amount Paid

**D. MEETINGS AND CONFERENCES**

List the total amount paid on behalf of County Officials and employees for food, lodging, and scheduled entertainment at a conference or meeting, and which is provided in return for their participation in a panel discussion or speech.

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

Please itemize the name of the official, employee, or immediate family member who attended, the date, the location, and the amount paid. *Attach additional pages as needed.*

Name	Date	Location	Amount Paid

**E. ALL OTHER GIFTS**

List the total amount paid for all other gifts for county officials, employees, and their immediate families.

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

Please itemize for each event the name of the official, employee, or immediate family member who received a gift (including cash) valued at \$50 or more, or a series of gifts with a value of \$50 or more during this reporting period, the nature of the gift, the date given, and the value of the gift. *Attach additional pages as needed.*

Name	Nature	Date	Amount Paid

*“I hereby certify under the penalties of perjury that the facts set forth herein are true to the best of my knowledge, information and belief.”*

**F. SIGNATURE AND OATH**

Signature of lobbyist: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed name and expiration date: \_\_\_\_\_

