## LOBBYIST FORM

## **Quarterly Statement of Lobbying Activities**

State of Alabama Alabama Ethics Commission

(334) 242-2997

Street Address 100 North Union Street, Suite 104 Montgomery, AL 36104 Mailing Address P. O. Box 302300 Montgomery, AL 36130-2300

PLEASE COMPLETE ALL INFORMATION IN ALL AREAS ON THIS FORM. IF YOU NEED ADDITIONAL FORMS, THIS FORM MAY BE PHOTOCOPIED. HOWEVER, ALL FORMS MUST BEAR <u>ORIGINAL SIGNATURES</u>. PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION.

General Information:				
Lobbyist:		Telephone		
Business Address:		City	Zip	
Normal Business:				
Normal Business Addres	S:			
Principal (Name of Business Entity, Association or Organization:				
Name and Title of Person Signing for Principal:				
Quarter Covered by this Statement:		<b>Reporting Year</b>		
1 <sup>st</sup> (JanMarch)	2 <sup>nd</sup> (AprJune)	3 <sup>rd</sup> (July-Sept.)	4 <sup>th</sup> (OctDec.)	

ITEM 1

Did you perform any lobbying activities during this reporting period?

Yes (if yes, complete remainder of form) If expenditures were made on behalf of several principals, you may attach a list of those principals and amounts expended.

No (see paragraph below)

Lobbyist (1) performed no lobbying activities; (2) made no expenditures for lobbying activities; (3) loaned no money to any public official or candidate or member of their respective households or anyone on behalf of a public official or candidate or member of their respective households; (4) had no direct business association with any candidate, public official or public employee. Advance to Item 5.

ITEM 2

Categories of legislation subject to lobbying activities (example: education, medical, etc.):

ITEM 3				
Principal for whom expend	iture was made.	If no expenditure, check here		
Name:		Phone:		
Address:				
	ded within a 24-hour period or ective households in excess of \$	n a public official, public employee, 250.00.		
Name/Position and Address	s of Recipients			
Date of Expenditure	Nature of Expenditur	re		
Attach separate sheets show	ving expenditures, if necessary			
	ITEM 4			
List any financial transactions, with public officials, candidates, or members of their households, of a value in excess of \$500 during the prior quarter (excluding transactions required to be reported by Fair Campaign Practices Act). (Use additional sheets, if necessary.)				
Name: (public official) (can	didate) (household member)			
Address:				
Nature/date of transaction:				
List any loan(s) made or pr	omised to a public official or c	andidate. If none, check here		
Amount of loan:	Amount of loan promised:	Date of loan:		

Name/Position of Recipient:

Address:

Relationship, if any, to public official or candidate: State, in detail, circumstances surrounding above loan:

## **ITEM 5**

State in detail any direct business association or partnership with any public official, candidate, or members of the household of such public official or candidate; provided, however, that campaign expenditures shall not be deemed a business association or partnership.

If none, check here

Identify person having direct business association with reporting person:

Name: Home Address: Job Title or Position sought by candidate: Name of business in which directly associated: Business Address:

Nature of business association: (check one or more boxes as needed)

Serve as directors, officers, partners or employees in the same business.

Have legal or beneficial ownership interest(s) in same business.

Identified person is employee, officer or director of reporting person.

Identified person and reporting person are members of the same union.

Identified person and reporting person are members of the same Trade/Professional Association.

Other (Explain)

ITEM 6

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Person Reporting\_\_\_\_\_ Date\_\_\_\_

## DESIGNATED FILING PROCEDURE

The Lobbyist's Form must be filed with the Commission by every person required to file no later than January 31, April 30, July 31, and October 31 for each preceding calendar quarter.

NOTE: Any additions, changes or corrections to the information furnished in this form must be in the form of a signed letter.

(Rev. 2001)