

Washington Suburban Sanitary Commission
Board of Ethics c/o Ethics Officer
14501 Sweitzer Lane
Laurel, Maryland 20707
301-206-8010

WSSC LOBBYING ACTIVITY REPORT

This lobbyist reporting form describes all interests and related transactions and matters required to be disclosed by the Washington Suburban Sanitary Commission Resolution No. 2003-1669, Section 6-5 adopted June 11, 2003, with respect to the period indicated and pertaining to the lobbyist filing the statement. **If you had no reportable compensation or expenses during the reporting period, but were registered to engage in lobbying, check here [] and complete Parts A, B, E, and F.**

Period covered by this report: [] January 1, 20__ through June 30, 20__
[] July 1, 20__ through December 31, 20__

PART A. LOBBYIST INFORMATION

Section 1. Lobbyist Identification

First Name: _____ Last name: _____

Business Name: _____

Business Address: _____
Street State Zip

Section 2. others who will lobby on behalf of the lobbyist identified above:

First Name: _____ Last name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ Last name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Section 3. Identification of Employer (if lobbyist on behalf of another):

First Name: _____ Last name: _____

Name and Nature of the Business: _____

Business Address: _____

PART B. LOBBYIST SIGNATURE:

_____ Phone Number: _____

PART C. AUTHORIZATION TO ACT: (to be completed by the employer)

Section 1.

The above noted lobbyists' are authorized to act upon the following matters:

- 1.
- 2.

Section 2.

The lobbyist is authorized to act upon these matters during the following periods:

Beginning date _____ to Ending date _____

Section 3.

Employer Name: _____
First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Section 4.

I hereby certify that the information contained herein is correct. I reserve the right to terminate this authorization at any time.

Employer Signature: _____

above the \$100 threshold and not reportable in Sections D-2, D-3 or D-4.

When the cumulative value of \$100 has been reached in a six-month reporting period with respect to any official or employee, the beneficiary of the gifts must be identified on this form. This form must also be completed if the total non-qualifying gift of multiple registrations for a particular employer reaches \$100 even if a single lobbyist for that employer did not reach that level. If any of the gifts reported was only a portion of a gift because it was partially paid by others, you must note this on the form. The gifts are reported whether or not they were given in connection with lobbying activities.

<u>Person's Name</u>	<u>Position or Relationship</u>	<u>Date</u>	<u>Nature of the Gift</u>	<u>\$ Value of the Gift</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART F. BUSINESS TRANSACTIONS WITH A COMMISSIONER, GENERAL MANAGER OR WSSC EMPLOYEE:

An individual regulated lobbyist must report any business transaction(s) with a Commissioner, the General Manager, WSSC employees or their immediate families, qualifying relatives, significant others or related business entity involving the exchange of value of \$1,000 or more for a single transaction or of \$5,000 or more for a series of transactions in the previous 6 months. A related business entity is one in which the individual participates as a proprietor, or partner or if these persons have a 30% or more ownership interest in the entity. If the recipient is immediate family, qualifying relative or significant other list employee name and relationship. Both direct and indirect transactions must be included in this report.

<u>Person's Name</u>	<u>Position or Relationship</u>	<u>Date</u>	<u>Nature of the Transaction</u>	<u>\$ Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. SIGNATURE, OATH AND NOTARY

I hereby make oath or affirm under the penalties of perjury that the contents of this report including any attachments thereto are complete, true and correct to the best of my knowledge, information and belief.

Signature of Person Filing:

[SEAL]

Date:

_____ Sworn to before me this _____, day of _____, 20 _____

Signature of Notary Public:

Printed/typed Name of Notary Public: _____

My Commission Expires:
