



## WSSC Water Lobbyist Activity Report

Lobbyist activity reports can be submitted using the following methods:

1. Online via DocuSign. Send an email to [ethicsquestions@wsscwater.com](mailto:ethicsquestions@wsscwater.com) or call 301-206-8115 to request an electronic form.
2. Complete the fillable form that follows this page. Email the form to [ethicsquestions@wsscwater.com](mailto:ethicsquestions@wsscwater.com) or [latonya.allen@wsscwater.com](mailto:latonya.allen@wsscwater.com).
3. Complete the fillable form that follows this page. Print it and mail to:

WSSC Water  
Attn: Ethics Office  
14501 Sweitzer Lane  
Laurel, MD 20707-5901

For additional information regarding lobbyist requirements, visit our [Board of Ethics](#) page and select the *Lobbyists* link at the beginning of the page.

If you have questions or need additional assistance, call or email using the previously listed contact information.

## WSSC Lobbyist Activity Report

This lobbyist reporting form describes all interests and related transactions and matters required to be disclosed by Washington Suburban Sanitary Commission Code of Ethics Chapter 1.70.420, with respect to the period indicated and pertaining to the lobbyist filing the statement.

**Note:** If you had no reportable compensation or expenses during the reporting period, but were registered to engage in lobbying, check the box and complete Parts A, B, C, E, F, and G:

Period covered by this report: January 1–June 30, 20\_\_\_\_\_

July 1–December 31, 20 \_\_\_\_\_

### Part A: Lobbyist Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part B: Will Others Lobby on Behalf of Lobbyist?

Yes

No

If yes, complete this section.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Part C: Employer—Who Pays You to Lobby on Their Behalf?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Matters: \_\_\_\_\_

## Part D: Compensation and Expenses

**Note:** Check the following box and skip this section if you had no reportable compensation or expenses during the reporting period:

### Section 1: Meals and Beverages

Total expenses incurred for meals and beverages for the Commissioners, WSSC employees, immediate families, qualifying relatives, or significant others. Do not include expenses for meals and beverages that are part of special events or meetings and are reported in Section D-2 or Section D-3.

**D-1:** \$ \_\_\_\_\_

### Section 2: Special Events

Date, location, and total expense incurred for each special event to which any of the WSSC Commissioners or WSSC employees were invited. The term “special event” includes functions such as parties, dinners, athletic events, and entertainment. The names of all WSSC Commissioners or employees who attended must be entered.

Event 1 Date: \_\_\_\_\_ Event 1 Expense: \$ \_\_\_\_\_

Event 1 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

Event 2 Date: \_\_\_\_\_ Event 2 Expense: \$ \_\_\_\_\_

Event 2 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

Event 3 Date: \_\_\_\_\_ Event 3 Expense: \$ \_\_\_\_\_

Event 3 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

**Total Expense for All Events, D-2: \$ \_\_\_\_\_**

### ***Section 3: Meetings***

Date, location, and total expense incurred for food, lodging, or scheduled entertainment of WSSC Commissioners and/or employees for a meeting that was given in return for participation in a panel or speaking engagement at the meetings. If there is more than one panel or meeting, list date, location, and total expense for each panel or meeting. Place the total expense for each panel/event in the space provided. This section includes the formal role as a participant on a panel or engagement as a speaker at a meeting that has a published agenda. It does not include mere attendance at a meeting or incidental dialogue at a meeting. The names of all WSSC Commissioners or employees who attended must be listed.

Meeting 1 Date: \_\_\_\_\_ Meeting 1 Expense: \$ \_\_\_\_\_

Meeting 1 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

Meeting 2 Date: \_\_\_\_\_ Meeting 2 Expense: \$ \_\_\_\_\_

Meeting 2 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

Meeting 3 Date: \_\_\_\_\_ Meeting 3 Expense: \$ \_\_\_\_\_

Meeting 3 Location: \_\_\_\_\_

Employees in Attendance: \_\_\_\_\_

**Total Expense for All Meetings, D-3: \$ \_\_\_\_\_**

### ***Section 4: Gifts***

Value of all other gifts (other than food or beverages, special events, or panels/meetings reported in Sections D-1, D-2, or D-3) made to, or for the benefit of, WSSC Commissioners or employees or their immediate families, qualifying relatives, or significant others. If the recipient is immediate family, qualifying relative or significant other list employee name and relationship. Include expenses for a ticket or free admissions.

**Gift 1**

Recipient Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Gift 2**

Recipient Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Gift 3**

Recipient Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Total Value of All Gifts, D-4:** \$ \_\_\_\_\_**Subtotal Sections D-1 through D-4:** \$ \_\_\_\_\_**Section 5: Compensation**

Total compensation paid or to be paid to the regulated lobbyist for lobbying activities during the reporting period. Include expenses incurred by the staff that were reimbursed by the lobbyist. If the lobbying activities addressed in Part C are only a portion of the services for which the employer compensated the lobbyist, put the prorated amount for lobbying services in this section. If the reported compensation has been prorated, check the box provided after item D-10. If there are multiple-fee or contract lobbyists within a firm registered for a client, you need to document the basis for the fee allocation.

**D-5:** \$ \_\_\_\_\_**Section 6: Operational Expenses**

Total expenses incurred for operating the regulated lobbyist's office in connection with lobbying activities included in this report. Office expenses may include rent, telephone, utilities, transportation, parking, etc. Do not include expenses reported in Section D-5. If a fee or contract

lobbyist is not billing office costs directly, it may be sufficient to assume that these costs are included in the amount reported as compensation.

**D-6:** \$ \_\_\_\_\_

***Section 7: Research and Other Assistance***

Total cost of professional and technical research and other assistance in support of the lobbying activities included in this report. Do not include expenses reported in Sections D-5, D-6, or D-10.

**D-7:** \$ \_\_\_\_\_

***Section 8: Publications***

Total cost of preparing, printing, and distributing publications or other expenses that expressly encourage people to communicate with WSSC Commissioners or employees for the purpose of influencing administrative or executive action.

**D-8:** \$ \_\_\_\_\_

***Section 9: Witness Fees***

List the names of each witness who testified in a proceeding before WSSC and the fees and expenses paid to each.

**Witness 1**

Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Testimony: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_

**Witness 2**

Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Testimony: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_

**Witness 3**

Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Testimony: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_

**Total All Witness Fees, D-9:** \$ \_\_\_\_\_

***Section 10: Miscellaneous Expenses***

List the total amount of all expenses not otherwise reported that were incurred in support of the lobbying activities included in this report. The lobbyist's own meals and lodging, and mileage or travel reimbursements are listed in this section.

**Miscellaneous 1**

Lobbyist Name: \_\_\_\_\_

Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Miscellaneous 2**

Lobbyist Name: \_\_\_\_\_

Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Miscellaneous 3**

Lobbyist Name: \_\_\_\_\_

Type of Expense: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Total All Lobbyist Expenses, D-9: \$ \_\_\_\_\_****Total Sections D-1 through D-10: \$ \_\_\_\_\_****Part E: Beneficiaries of Gifts with Cumulative Value of \$100 or More**

In this section, please identify the Commissioners, WSSC employees, immediate families, qualifying relatives or significant others, to whom the lobbyist or anyone on his or her behalf has given gifts with a cumulative value of at least \$100 during the reporting period. Gifts must be reported whether or not given in connection with lobbying activities. If the recipient is immediate family, qualifying relative or significant other list employee name and relationship.

Tickets or free admissions provided to the Commissioners, WSSC employees, immediate families, qualifying relatives or significant others, or a gift of two or more tickets or free admissions count toward the \$100 threshold and should be included here. Expenses for meals and beverages are gifts and are reportable on this report if 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.

**Beneficiary 1**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Beneficiary 2**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Beneficiary 3**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Gift: \_\_\_\_\_ Value of Gift: \$ \_\_\_\_\_

**Total Value of Section E:** \$ \_\_\_\_\_**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.

**Transaction 1**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Transaction: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Transaction 2**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Transaction: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Transaction 3**

Person's Name: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of Transaction: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Total Value of Section F: \$** \_\_\_\_\_**Part G: Affirmation and Oath**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by the lobbyist's signature (either written or electronic), which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Lobbyist Signature: \_\_\_\_\_

Date: \_\_\_\_\_