

MARYLAND STATE ETHICS COMMISSION

45 Calvert Street, 3rd Floor
Annapolis, MD 21401
410-260-7770 / 1-877-669-6085
<http://ethics.maryland.gov>

LOBBYING REGISTRATION FORM (Form 3)

PART A. GENERAL INFORMATION

Type of Registration: (Check all appropriate blanks)

Legislative Action Lobbyist _____

Executive Action Lobbyist _____

Grass Roots Lobbyist _____

Non-Exempt Employer _____

Primary Purpose of Organization:

Is the employer or the registrant (if there is no employer) organized and operated for the primary purpose of attempting to influence any legislative or executive action? Yes ___ No ___

Enclose a check made payable to the State of Maryland for \$100.

CHECK NO. _____

PART B. IDENTIFICATION OF REGISTRANT AND EMPLOYER

1. Identifying Information:

a) Name: _____

b) Permanent Address: (Include firm name if applicable) _____

c) Business Telephone: (_____) _____ Do you want number on published lobbyist list? Yes ___ No ___

Cell Phone: (optional) _____

d) E-mail Address: (required) _____

2. Identification of Others Required to Register:

a) Will any person be required to register as a lobbyist on behalf of the person or organization identified in Part B.1(a)? Yes ___ No ___

b) If the answer to a) is "Yes," identify each such person below and provide his/her name and address:

3. Identification of Employer:

a) Identify the person or organization that compensates the registrant for activities requiring this registration:

Name: _____

Permanent Address: _____

Business Telephone: (_____) _____

Nature of Business: _____

b) If, in the course of representing the employer identified in Part B.3(a), the registrant will also be representing other entities for which the registrant is not required to file separate registrations, identify those entities here (if none, indicate "none").

4. Registration Information:

- a) State the period (include both beginning and ending month, day and year) for which this registration is effective: _____ to _____
- b) Identify the matters on which the registrant expects to act or employ someone to act during the registration period: _____

PART C. REGISTRANT’S CERTIFICATION

1. Certification of Training Compliance:

I hereby certify by checking one of the two options below that I am in compliance with the mandatory training requirements of §5-704.1 of the Public Ethics Law:

- ___ I am current in my training status. Date of most recent training: _____
- ___ I have not yet been a regulated lobbyist for 6 months but will complete training prior to that time, or if my initial registration is for a period less than 6 months, I will complete training before any subsequent registration.

2. Certification of Authorization to Lobby:

I am authorized to act on behalf of the employer/entity identified in Part B.3(a) (and Part B.3(b), if any) for the period set forth in Part B.4(a) and as to the matters set forth in Part B.4(b) herein unless this authority is terminated sooner. This authorization has been granted to me by (identity of official granting authorization):

Name and Title: _____
 Address: _____
 Telephone: _____ E-mail: _____

PART D. EXEMPTION STATUS OF EMPLOYER

An employer who compensates one or more regulated lobbyists is required to separately register as a lobbyist, **UNLESS** all expenditures requiring registration will be filed by one or more of the regulated lobbyists compensated by the employer. Please indicate status below (ONLY CHECK ONE).

- a)___ The employer does claim an exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by the above or another registrant acting on its behalf, and the employer engages in no other lobbying activity that requires it to register and report.
- b)___ The employer does not claim an exemption from filing its own registration and activity reports. The above registrant will report only expenditures and compensation regarding the above registrant's activity. A separate registration will be submitted by the employer listed in Part B.3.

I hereby make oath or affirm under the penalties of perjury that the contents of this registration are complete, true and correct to the best of my knowledge, information and belief and that I am authorized to engage in lobbying for the employer set forth in Part B.3. above.

[SEAL] Signature of Regulated Lobbyist: _____

Date: _____

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

Signature of Notary Public: _____

Printed/typed Name of Notary Public: _____

My Commission Expires: _____