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

REGULATED LOBBYIST MEAL OR RECEPTION
LEGISLATIVE UNIT – FOURTEEN DAY REPORT (Form 13F)

Regulated Lobbyists must file this report directly with the State Ethics Commission within 14 days after an event to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally designated regional (for ethics disclosure purposes) county or regional delegation received written invitations. If all of the required reporting information is not available, the regulated lobbyist should describe the nature of the event and estimate any expense not known. If this report is a full and accurate accounting of the activity, the regulated lobbyist is not to report it on the regular Lobbying Activity Report (Form 4). If this report does not include a full and accurate accounting, the event must be reported on the regular Lobbying Activity Report.

A. Name of Regulated Lobbyist or Entity (If There Is NO Individual Lobbyist):
_____
Name of Employer or Employers Supporting the Event:
_____
_____
_____

B. List on the lines below the date and location of the event, the group of invitees (legislative units) and the total expenses for the event. If there was more than one sponsor, list the dollar share of each sponsor.
_____
_____
_____
_____
_____
_____

C. Is this a final full and accurate report or does it contain estimates?
_____ Final _____ Estimates

D. If the expenses in Section B above are estimates, describe on the lines below what part of the total expenses are still to be finally determined.
_____
_____
_____
_____

I solemnly swear 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: _____
Date: _____
[SEAL] Sworn to before me this ____, day of _____, 20 ____
Signature of Notary Public: _____
Printed/typed Name of Notary Public: _____
My Commission Expires: _____