

**MARYLAND STATE ETHICS COMMISSION**

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

**INDIVIDUAL REGULATED LOBBYIST - CAMPAIGN CONTRIBUTION REPORT  
(Form 22)**

Reporting Period Covered by this Report: November 1, 20\_\_ thru April 30, 20\_\_  
May 1, 20\_\_ thru October 31, 20\_\_  
Other Period \_\_\_\_\_ thru \_\_\_\_\_

Name of Individual Lobbyist: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Business Telephone: \_\_\_\_\_

An individual regulated lobbyist must file this report if, during the lobbying reporting period, the lobbyist has directly or indirectly made a political contribution(s) to the Governor, Lt. Governor, Attorney General, Comptroller, member of the General Assembly or candidate for election to any of these offices. "Indirectly" includes, for example, contributions to committees in support of the candidate(s), slates including the candidate(s), a PAC created to support a specific candidate(s), a PAC contribution designated for transfer to a particular candidate(s), or contribution(s) by others using your funds or funds under your control including, in some circumstances, a contribution by a family member. (Note: Solicitation or transmittal of contribution(s) by a lobbyist on behalf of a candidate(s) is prohibited.)

A. List below the total contributions for each office holder or candidate. If a slate is involved, you may report each of the recipients with the total amount unless you are aware of a specific allocation to each candidate.

NAME OF RECIPIENT, OFFICIAL OR CANDIDATE (Include Name of Committee)	TOTAL AMOUNT OF CONTRIBUTION OR CONTRIBUTIONS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NAME OF RECIPIENT, OFFICIAL OR CANDIDATE**  
**(Include Name of Committee)**

**TOTAL AMOUNT OF CONTRIBUTION**  
**OR CONTRIBUTIONS**

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B. You may explain (but are not required) the details of any indirect contribution or any other information reported.

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

Signature of Person Filing: \_\_\_\_\_

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

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed/Typed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)