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JUN 12 2017

LOBBYIST FILING AGREEMENT

STATE ETHICS COMMISSION

This Agreement, made this 12 day of June, 2017, by and between Ann T. Ciekot, lobbyist for Baltimore City Substance Abuse Directorate, Maryland Society of Addiction Medicine, MD Association for the Treatment of Opioid Dependence, and On Our Own Maryland, and William J. Colquhoun, Staff Counsel to the Maryland State Ethics Commission (hereinafter "Staff Counsel").

RECITALS

The State Ethics Commission ("the Commission") is the executive agency of the State of Maryland established by Chapter 513, Acts of 1979 for the purpose of enforcing the Maryland Public Ethics Law (General Provisions Article, Title 5, Annotated Code of Maryland, hereinafter the "Ethics Law") including the provisions of Subtitle 7, the lobbying disclosure program.

Ann T. Ciekot ("the filer"), is an individual whose lobbying activities on behalf of the Baltimore City Substance Abuse Directorate, Maryland Society of Addiction Medicine, MD Association for the Treatment of Opioid Dependence, and On Our Own Maryland ("the employers") for the period of January 11, 2017 to April 30, 2017, required her to register as a lobbyist with the Commission.

The filer did not timely register as required by the Md. Code. Ann., Gen'l. Prov. Art., § 5-704(d)(1)(Supp. 2016).

The filer subsequently registered on May 30, 2017, for the period of January 11, 2017 to April 30, 2017.

The filer is entering voluntarily into this Agreement to admit her failure to timely file lobbyist registrations with the Commission and to pay a sum of money in lieu of potential late filing fees and other fines pursuant to § 5-405 of the Ethics Law.

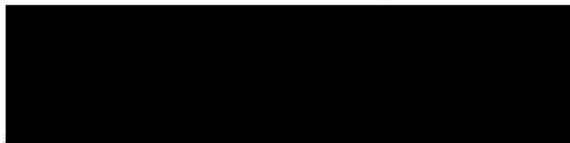
NOW THEREFORE, in consideration of the submission of the required lobbyist registration forms by the filer on May 30, 2017, and the admissions and agreements herein contained, the filer and Staff Counsel stipulate and agree as follows:

1. The filer did not timely file her lobbyist registration forms on behalf of the employers for the period of January 11, 2017 to April 30, 2017, as required by § 5-704(d)(1) of the Ethics Law.
2. The filer reported her delinquency to the Commission on May 30, 2017, and filed her registration forms (copies of which have been attached hereto and made a part thereof) the same day.
3. The filer understands that failure to comply with the lobbying disclosure provisions of the Ethics Law may subject her to a formal complaint by the

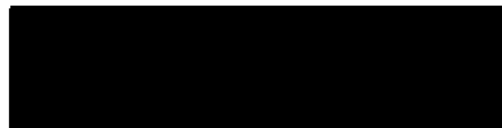
Commission and, upon finding of a violation, late fees and the possibility of civil fines.

4. Based on the facts stated in this Agreement, the filer agrees to pay as settlement of the late filing matters, the amount of SEVEN HUNDRED FIFTY and no/100 DOLLARS (\$750.00) at the time of the execution of this Agreement in lieu of potential late fees and in lieu of civil fines for the above admitted late registration statement (Paragraph 1).
5. The Staff Counsel will, upon execution of this Agreement by the filer, recommend that the Commission not institute any proceedings on his failure to timely register. The filer understands that the Commission is under no obligation to accept this Agreement and may decide to take other action, including issuing a complaint.
6. The filer waives a formal hearing on this matter (if the Agreement is accepted by the Commission) to which she would be entitled if a complaint were issued, and she understands that this Agreement and materials relating to this matter are not subject to the confidentiality provisions of the Ethics law, and will be public information unless otherwise protected.
7. The filer understands that a copy of this Agreement will be mailed to the employers.
8. The filer and the Staff Counsel have entered into this Agreement for the sole purpose of resolving the late submission of lobbyist registration statements and for the payment of late fees and other fines and for no other purpose.

IN WITNESS WHEREOF, Ann T. Ciekot and William J. Colquhoun, Staff Counsel to the State Ethics Commission, have hereunto set their hands.



William J. Colquhoun, Staff Counsel
State Ethics Commission
45 Calvert Street, 3rd Floor
Annapolis, MD 21401
(410) 260-7770



Ann T. Ciekot, Lobbyist
Baltimore City Substance Abuse Directorate,
Maryland Society of Addiction Medicine,
MD Association for the Treatment of Opioid
Dependence, and On Our Own Maryland

State of Maryland
County of: Baltimore, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Ann T. Ciekot, who made oath on this 12th day of June, 2017 in due form of law that the matters and facts hereinabove set forth are to the best of her knowledge, information, and belief, and are her voluntary act and that she executed this document for the purpose set forth herein.

[Redacted Signature]
Notary Public

My Commission Expires: 12-22-18

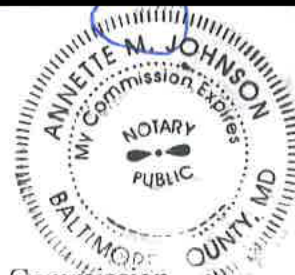


State of Maryland
County of: Baltimore, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared William J. Colquhoun, Staff Counsel to the State Ethics Commission, who made oath on this 12th day of June, 2017, in due form of law that he executed this Agreement for the purposes set forth herein.

[Redacted Signature]
Notary Public

My Commission Expires: 12-22-18



Accepted by the Commission

[Redacted Signature]
Janet L. McHugh, Chair
for the Commission

Date: 6/15, 2017

PART A. GENERAL INFORMATION

What Type of registration are you seeking?

Legislative Action Lobbyist

Grass Roots Lobbyist _____

Executive Action Lobbyist

Non-exempt employer _____

Primary purpose of Organization

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

Yes _____ No

Credit Card Authorization #: 16495248

PART B. IDENTIFICATION OF REGISTRANT/REGULATED LOBBYIST

1. Identifying Information

a) Name of Registrant/Regulated Lobbyist: Ann T. Ciekot

b) Firm Name: Public Policy Partners

Permanent Address:
48 Maryland Avenue, Ste 304
Annapolis, MD 21401

c) Business telephone: 410-268-0990

Cell phone: 410-207-3189

Do you want your telephone number on the published lobbyist list?

Yes No _____

2. Identification Of Others Required To Register

a) Will any other person be required to register as a lobbyist on behalf of the person or the organization identified in Part B1 (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) Name of persons or organizations that compensates the registrant for activities requiring this registration.

Baltimore City Substance Abuse Directorate

Permanent Address:
c/o IBR REACH Health Services
2104 Maryland Avenue
Baltimore, MD 21218

Business Telephone: 410-752-6850

Nature of business:

b) If, in the course of representing the employer identified in Part B.3(a), will you also be representing other entities for which the registrant is not required to file separate registrations?

Yes _____ No

4. Registration Information

a) State the period (include both beginning and ending month, day, and year) for which this registration is effective:

January 11, 2017 to April 30, 2017

b) Identify the matters on which the registrant expects to act or employ someone to act during the registration period:

CONTROLLED DANGEROUS SUBSTANCES
HEALTH CARE
MEDICAL ASSISTANCE
SUBSTANCE ABUSE

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: September 06, 2016
 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: Vickie Walters, President
Address: c/o IBR REACH Health Services 2104 Maryland Avenue Baltimore, MD 21218
Telephone: 410-752-6850 E-mail: vwalters@ibrinc.org

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 claims the exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by this registrant.
- b) The employer does not claim an exemption from filing its own registration and activity report because the registrant will report only expenditures and compensation regard the filer's activity. If this option is selected, the employer must submit a separate registration for lobbying and the required reports.

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 above in Part B.3.

PART A. GENERAL INFORMATION

What Type of registration are you seeking?

Legislative Action Lobbyist

Grass Roots Lobbyist _____

Executive Action Lobbyist

Non-exempt employer _____

Primary purpose of Organization

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

Yes _____ No

Credit Card Authorization #: 16495248

PART B. IDENTIFICATION OF REGISTRANT/REGULATED LOBBYIST

1. Identifying Information

a) Name of Registrant/Regulated Lobbyist: Ann T. Ciekot

b) Firm Name: Public Policy Partners

Permanent Address:
48 Maryland Avenue, Ste 304
Annapolis, MD 21401

c) Business telephone: 410-268-0990

Cell phone: 410-207-3189

Do you want your telephone number on the published lobbyist list?

Yes No _____

2. Identification Of Others Required To Register

a) Will any other person be required to register as a lobbyist on behalf of the person or the organization identified in Part B1 (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) Name of persons or organizations that compensates the registrant for activities requiring this registration.

Maryland Society of Addiction Medicine

Permanent Address:
5820 Pimlico Road
Baltimore, MD 21209

Business Telephone: 443-562-1374

Nature of business: Professional Society

b) If, in the course of representing the employer identified in Part B.3(a), will you also be representing other entities for which the registrant is not required to file separate registrations?

Yes _____ No

4. Registration Information

a) State the period (include both beginning and ending month, day, and year) for which this registration is effective:

January 11, 2017 to April 30, 2017

b) Identify the matters on which the registrant expects to act or employ someone to act during the registration period:

CONTROLLED DANGEROUS SUBSTANCES
HEALTH CARE
HEALTH OCCUPATIONS
MEDICAL ASSISTANCE
MENTAL HEALTH
PHYSICIANS
SUBSTANCE ABUSE

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: September 06, 2016
 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: Yngvild Olsen, Past President
Address: MDSAM c/o 5820 Pimlico Road Baltimore, MD 21209
Telephone: 443-562-1374 E-mail: yngvild.olsen@gmail.com

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 claims the exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by this registrant.
- b) The employer does not claim an exemption from filing its own registration and activity report because the registrant will report only expenditures and compensation regard the filer's activity. If this option is selected, the employer must submit a separate registration for lobbying and the required reports.

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 above in Part B.3.

PART A. GENERAL INFORMATION

What Type of registration are you seeking?

Legislative Action Lobbyist

Grass Roots Lobbyist _____

Executive Action Lobbyist

Non-exempt employer _____

Primary purpose of Organization

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

Yes _____ No

Credit Card Authorization #: 16495248

PART B. IDENTIFICATION OF REGISTRANT/REGULATED LOBBYIST

1. Identifying Information

a) Name of Registrant/Regulated Lobbyist: Ann T. Ciekot

b) Firm Name: Public Policy Partners

Permanent Address:
48 Maryland Avenue, Ste 304
Annapolis, MD 21401

c) Business telephone: 410-268-0990

Cell phone: 410-207-3189

Do you want your telephone number on the published lobbyist list?

Yes No _____

2. Identification Of Others Required To Register

a) Will any other person be required to register as a lobbyist on behalf of the person or the organization identified in Part B1 (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) Name of persons or organizations that compensates the registrant for activities requiring this registration.

MD Association for the Treatment of Opioid Dependence

Permanent Address:
c/o Center for Addiction Medicine
827 Linden Avenue
Baltimore, MD 21201

Business Telephone: 410-225-8240

Nature of business: coalition of medication assisted treatment programs

b) If, in the course of representing the employer identified in Part B.3(a), will you also be representing other entities for which the registrant is not required to file separate registrations?

Yes _____ No

4. Registration Information

a) State the period (include both beginning and ending month, day, and year) for which this registration is effective:

January 11, 2017 to April 30, 2017

b) Identify the matters on which the registrant expects to act or employ someone to act during the registration period:

CONTROLLED DANGEROUS SUBSTANCES
HEALTH CARE
HEALTH OCCUPATIONS
MEDICAL ASSISTANCE
PRESCRIPTION DRUGS
SUBSTANCE ABUSE

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: September 06, 2016
 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: Marian Currens, President
Address: MD Association for the Treatment of Opioid Dependence c/o Center for Addiction Medicine 827 Linden Avenue Baltimore, MD 21201
Telephone: (410) 225-8240 E-mail: mcurrens@camtreatment.com

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 claims the exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by this registrant.
- b) The employer does not claim an exemption from filing its own registration and activity report because the registrant will report only expenditures and compensation regard the filer's activity. If this option is selected, the employer must submit a separate registration for lobbying and the required reports.

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 above in Part B.3.

PART A. GENERAL INFORMATION

What Type of registration are you seeking?

Legislative Action Lobbyist

Grass Roots Lobbyist _____

Executive Action Lobbyist

Non-exempt employer _____

Primary purpose of Organization

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

Yes _____ No

Credit Card Authorization #: 16495248

PART B. IDENTIFICATION OF REGISTRANT/REGULATED LOBBYIST

1. Identifying Information

a) Name of Registrant/Regulated Lobbyist: Ann T. Ciekot

b) Firm Name: Public Policy Partners

Permanent Address:
48 Maryland Avenue, Ste 304
Annapolis, MD 21401

c) Business telephone: 410-268-0990

Cell phone: 410-207-3189

Do you want your telephone number on the published lobbyist list?

Yes No _____

2. Identification Of Others Required To Register

a) Will any other person be required to register as a lobbyist on behalf of the person or the organization identified in Part B1 (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) Name of persons or organizations that compensates the registrant for activities requiring this registration.

On Our Own of Maryland

Permanent Address:
7310 Esquire Court
3rd Floor, Mailbox 14
Elkridge, MD 21075

Business Telephone: 410-590-9020

Nature of business: Advocacy and education of consumers of mental health services

b) If, in the course of representing the employer identified in Part B.3(a), will you also be representing other entities for which the registrant is not required to file separate registrations?

Yes _____ No

4. Registration Information

a) State the period (include both beginning and ending month, day, and year) for which this registration is effective:

January 11, 2017 to April 30, 2017

b) Identify the matters on which the registrant expects to act or employ someone to act during the registration period:

MEDICAL ASSISTANCE
MENTAL HEALTH
SUBSTANCE ABUSE

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:

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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: Mike Finkle, Executive Director
Address: On Our Own of Maryland 7310 Esquire Court, 3rd Floor, Mailbox 14 Elkridge, Maryland 21075
Telephone: 410.540.9020 E-mail: mikef@onourownmd.org

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)

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- b) The employer does not claim an exemption from filing its own registration and activity report because the registrant will report only expenditures and compensation regard the filer's activity. If this option is selected, the employer must submit a separate registration for lobbying and the required reports.

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 above in Part B.3.