

**Cecil County Ethics Commission**

Cecil County Administration Building, c/o Human Resources Department  
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Elkton, MD 21921

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<http://www.ccgov.org/government/boards-and-commissions/ethics-commission>



**Form L-2: LOBBYIST ACTIVITY REPORT**

- November 1<sup>st</sup> through April 30<sup>th</sup> (due May 31<sup>st</sup>)
- May 1<sup>st</sup> through October 31<sup>st</sup> (due November 30<sup>th</sup>)

**(Each item must be completed. Where information is inapplicable, note "N/A" or "0")**

1. Lobbyist's Name, Address, Telephone, and Email:

2. Name of Client (Employer):

3. Check one:

- The information submitted on the Lobbying Registration form is unchanged.
- The information submitted on the Lobbying Registration form has changes as follows (use a separate sheet if needed):

4. I am currently registered, but will terminate my registration to lobby for the client (employer), effective:

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

5. COMPENSATION AND EXPENDITURES (for lobbying acts requiring registration only)

a. Total compensation (excluding expenses reported below) paid to the **individual lobbyist whose signature appears on this form**. If lobbying accounts for only a portion of a lobbyist's compensation from the employer, then the amount shall be prorated and labeled as such, based on the percentage of time spent on lobbying compared to the time spent on other employment duties.

\$ \_\_\_\_\_

b. Office expenses of the lobbyist including salaries, compensation, and reimbursed expenses for staff of the lobbyist.

\$ \_\_\_\_\_

c. The amount paid for professional and technical research and assistance.

\$ \_\_\_\_\_

d. The amount paid for publications that expressly encourage persons to communicate with County officials and employees.

\$ \_\_\_\_\_

e. The names of witnesses and the fees and expenses paid to each (use a separate sheet if needed).

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

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

f. The amount paid for meals and beverages for County officials, employees, and their immediate families.

\$ \_\_\_\_\_

g. The amount paid for special events, including parties, dinners, athletic events, entertainment, and other functions to which an employee was invited.

\$ \_\_\_\_\_

h. The expenses paid for food, lodging, and scheduled entertainment of employees who attended a meeting and were provided in return for participation in a panel or speaking engagement at the meeting.

\$ \_\_\_\_\_

i. The amount paid for other gifts, including their itemized description, to or for employees and their immediate families (use a separate sheet if needed).

Item: \_\_\_\_\_ \$ \_\_\_\_\_

Item: \_\_\_\_\_ \$ \_\_\_\_\_

j. The amount paid for other expenses (not otherwise listed), including their itemized description (use a separate sheet if needed).

Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Expense: \_\_\_\_\_ \$ \_\_\_\_\_

**6. ITEMIZED EXPENDITURES ON GIFTS TO EMPLOYEES OR IMMEDIATE FAMILY MEMBERS THAT MEET OR EXCEED A CUMULATIVE VALUE OF \$50.**

For each employee or member of the employee's immediate family who has benefited from a gift(s) with a cumulative value of \$50 or more given by or on behalf of the lobbyist, **whether or not the gift(s) were given in connection with lobbying activities**, list the name of the employee or family member, the date, value, and nature of the gift(s) (use a separate sheet if needed).

Employee	Date	Value	Nature of Gift
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. I solemnly swear or affirm under the penalties of perjury that the contents of this report and any attachments are complete, true, and correct based on my personal knowledge.

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

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

*Registrants and reports filed pursuant to Chapter 39 of the Cecil County Code shall be maintained by the Cecil County Ethics Commission as public records.*