

**LOBBYING DISCLOSURE  
QUARTERLY EXPENSE REPORT/  
AMENDED QUARTERLY EXPENSE REPORT  
(Please Print or Type)**

**01 FILER STATUS:** ☐ Principal ☐ Lobbyist/Lobbying Firm **02 REGISTRATION NO:**

**03 FILING PERIOD:** Check One ☐ Expense Report ☐ Amended Expense Report

Quarter ☐ 1 Jan-Mar ☐ 3 Jul-Sep  
(Check One) ☐ 2 Apr-Jun ☐ 4 Oct-Dec Year

If amending information, are  
you making (Check one)

☐ Additions ☐ Deletions

**04 FILER'S NAME:**

**05 PERMANENT BUSINESS ADDRESS:**

Address

City

State

ZIP

**06 CONTACT INFORMATION OF FILER:**

Daytime Telephone

[Format (xxx) xxx-xxxx]

Fax #

[Format (xxx) xxx-xxxx]

Email Address

**07 IDENTIFICATION OF INDIVIDUAL FILING REPORT** (Check if same as above): ☐

Last Name

First Name

MI

**08 IDENTIFICATION OF LOBBYIST(S)/LOBBYING FIRM(S) LOBBYING ON PRINCIPAL'S BEHALF**

(To be completed by Principal only):

Last Name

First Name

MI

Lobbying Firm Name:

Permanent Business Address:

Address

City

State

ZIP

Registration No:

Daytime Telephone

[Format (xxx) xxx-xxxx]

Fax #

[Format (xxx) xxx-xxxx]

Email Address

☐ See attachment 8 for additional pages

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**09 PRINCIPAL(S) REPRESENTED** (For Lobbyist/Lobbying Firm filing a separate report only):

Name of Principal(s)

Address

City

State

ZIP

Daytime Telephone

Principal Registration No.

[Format (xxx) xxx-xxxx]

☐ See attachment 9 for additional pages

**10 CHECK HERE IF TOTAL LOBBYING EXPENSES DID NOT EXCEED \$2,500 DURING THE REPORTING PERIOD** (If total lobbying expenses did not exceed \$2,500, proceed to Item 16): ☐

**11 TOTAL EXPENDITURES FOR GIFTS, HOSPITALITY, TRANSPORTATION, AND LODGING FOR STATE OFFICIALS OR EMPLOYEES OR THEIR IMMEDIATE FAMILIES:**

\$  .XX

**12 TOTAL COSTS FOR DIRECT COMMUNICATION:**

\$  .XX

**13 TOTAL COSTS FOR INDIRECT COMMUNICATION:**

\$  .XX

+

**14 TOTAL COSTS OF ALL LOBBYING FOR THE PERIOD:**

\$  .XX

(All expenses in 14 must be allocated among 3 categories at lines 11, 12 and 13).

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**15 SUBJECT(S) OF LOBBYING** (Indicate all that apply): ☐ NONE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accounting              | <input type="checkbox"/> Fire Fighters          | <input type="checkbox"/> Nursing Homes                |
| <input type="checkbox"/> Advertising             | <input type="checkbox"/> Firearms               | <input type="checkbox"/> Pari-Mutuel                  |
| <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Food Processing/Sales  | <input type="checkbox"/> Pension Funds                |
| <input type="checkbox"/> AIDS                    | <input type="checkbox"/> Food Service           | <input type="checkbox"/> Pharmaceuticals              |
| <input type="checkbox"/> Alcoholic Beverages     | <input type="checkbox"/> Forest Products        | <input type="checkbox"/> Physical Fitness             |
| <input type="checkbox"/> Arts                    | <input type="checkbox"/> Freedom of Information | <input type="checkbox"/> Prevention of Child Abuse    |
| <input type="checkbox"/> Aviation                | <input type="checkbox"/> Government             | <input type="checkbox"/> Property Tax                 |
| <input type="checkbox"/> Banking                 | <input type="checkbox"/> Health Care            | <input type="checkbox"/> Public Interest              |
| <input type="checkbox"/> Budget (State)          | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Safety                |
| <input type="checkbox"/> Biotechnology           | <input type="checkbox"/> Homeless               | <input type="checkbox"/> Railroad                     |
| <input type="checkbox"/> Business                | <input type="checkbox"/> Hospitals              | <input type="checkbox"/> Real Estate                  |
| <input type="checkbox"/> Campaign Financing      | <input type="checkbox"/> Housing                | <input type="checkbox"/> Recreation/Entertainment     |
| <input type="checkbox"/> Casino Gaming           | <input type="checkbox"/> Human Services         | <input type="checkbox"/> Religious                    |
| <input type="checkbox"/> Children's Issues       | <input type="checkbox"/> Industry               | <input type="checkbox"/> Reproductive Rights          |
| <input type="checkbox"/> Civil Justice           | <input type="checkbox"/> InformationTechnology  | <input type="checkbox"/> Retail                       |
| <input type="checkbox"/> Commerce                | <input type="checkbox"/> Infrastructure         | <input type="checkbox"/> Riverboat Gambling           |
| <input type="checkbox"/> Construction            | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Safety                       |
| <input type="checkbox"/> Consumer Affairs        | <input type="checkbox"/> Judiciary              | <input type="checkbox"/> Salaries                     |
| <input type="checkbox"/> County Government       | <input type="checkbox"/> Labor                  | <input type="checkbox"/> State Government             |
| <input type="checkbox"/> Courts                  | <input type="checkbox"/> Law Enforcement        | <input type="checkbox"/> Sunshine/Open Meeting        |
| <input type="checkbox"/> Crime Victim Assistance | <input type="checkbox"/> Legal Profession       | <input type="checkbox"/> Taxation                     |
| <input type="checkbox"/> Criminal Justice        | <input type="checkbox"/> Liability Reform       | <input type="checkbox"/> Teachers                     |
| <input type="checkbox"/> Disabled                | <input type="checkbox"/> Licensure              | <input type="checkbox"/> Telecommunications           |
| <input type="checkbox"/> Domestic Violence       | <input type="checkbox"/> Lobbying Reform        | <input type="checkbox"/> Tobacco                      |
| <input type="checkbox"/> Economic Development    | <input type="checkbox"/> Local Government       | <input type="checkbox"/> Tourism                      |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Managed Care           | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Elderly                 | <input type="checkbox"/> Media                  | <input type="checkbox"/> Utilities                    |
| <input type="checkbox"/> Energy                  | <input type="checkbox"/> Medicaid/Medicare      | <input type="checkbox"/> Wagering/Gaming              |
| <input type="checkbox"/> Elections               | <input type="checkbox"/> Medical Records        | <input type="checkbox"/> Waste Management             |
| <input type="checkbox"/> Engineering             | <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Welfare                      |
| <input type="checkbox"/> Environment             | <input type="checkbox"/> Motor Vehicle          | <input type="checkbox"/> Women's Issues               |
| <input type="checkbox"/> Ethics                  | <input type="checkbox"/> Municipalities         | <input type="checkbox"/> Workers' Compensation        |
| <input type="checkbox"/> Finance                 | <input type="checkbox"/> Natural Resources      | <input type="checkbox"/> Other (Please Specify Below) |

Other

☐ See attachment 15 for additional pages

**16 IDENTIFICATION OF STATE OFFICIAL(S)/EMPLOYEE(S) RECEIVING GIFTS IN THE AGGREGATE OF \$250 OR MORE FOR THE CALENDAR YEAR AND THE GIFTS RECEIVED**

(For each gift, provide information on attachment 16): ☐ NONE

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**17 IDENTIFICATION OF STATE OFFICIAL(S)/EMPLOYEE(S) RECEIVING PAYMENT/REIMBURSEMENT FOR TRANSPORTATION AND LODGING OR HOSPITALITY EXCEEDING \$650 IN THE AGGREGATE FOR THE CALENDAR YEAR AND THE PAYMENT/REIMBURSEMENT RECEIVED**

(For each payment/reimbursement, provide information on attachment 17): ☐ NONE

**18 SOURCE OF CONTRIBUTIONS TO PRINCIPAL RESOURCES EXCEEDING 10%**

(To be completed by principal only if total Lobbying Expenses exceed \$2,500.): ☐ Does not exceed 10%

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Daytime Telephone	<input type="text"/>	Fax #	<input type="text"/>		
	[Format (xxx) xxx-xxxx]		[Format (xxx) xxx-xxxx]		
Email Address	<input type="text"/>				

☐ See attachment 18 for additional pages

**19 FILER AFFIRMATION** (For Principal or Lobbyist/Lobbying Firm Report):

By signing my name below, I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the "Lobbyist or Lobbying Firm Statement of Limited Knowledge," if any, and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process at the address, email or facsimile listed on this form. To the best of my knowledge, at all times relevant to the above reporting period, I have been in compliance with 65 Pa.C.S. § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).

1) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

☐ See attachment 19 for additional pages

**(See instructions for exemptions)**

NOTE: A Lobbyist/Lobbying Firm may file a statement in conjunction with the Expense Report describing the limits of the Lobbyist's knowledge concerning the expenditures contained in this report.

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**(Please Print or Type)**

**20 LOBBYING FIRM/LOBBYIST NOT ASSOCIATED WITH A LOBBYING FIRM AFFIRMATION**

(Signing a Principal's Report):

By signing my name below, I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the enclosed "Lobbyist or Lobbying Firm Statement of Limited Knowledge," if any, and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process at the address, email or facsimile listed on this form. To the best of my knowledge, at all times relevant to the above reporting period, I have been in compliance with 65 Pa. C.S. § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).

1) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

2) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

3) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

4) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

5) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

6) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

7) Name (Type or Print): \_\_\_\_\_ Registration No : \_\_\_\_\_

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

**ARE YOU SUBMITTING A STATEMENT OF LIMITED KNOWLEDGE?** ☐ Yes ☐ No

NOTE: A Lobbyist/Lobbying Firm may file a statement in conjunction with the Expense Report describing the limits of the Lobbyist's knowledge concerning the expenditures contained in this report.

☐ See attachment 20 for additional pages

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**21 STATEMENT AS TO INABILITY OR REFUSAL OF LOBBYIST/LOBBYING FIRM TO SIGN REPORT :**

Use this statement for each lobbyist/lobbying firm that does not sign the report.

Filer's Registration No.

I, First Name  MI  Last Name

hereby state as follows:

**A. This statement pertains to the attached (Check one):**

☐ Quarterly Expense Report

☐ Amended Quarterly Expense Report

**B. I am unable to secure the signature of the following lobbyist/lobbying firm as to the said attached report:**

**LOBBYIST/ LOBBYING FIRM IDENTIFICATION**

Registration No.

Last Name  First Name  MI

**LAST KNOWN BUSINESS ADDRESS**

Address

City  State  ZIP

Daytime Telephone  Fax #

[Format (xxx) xxx-xxxx]

[Format (xxx) xxx-xxxx]

Email Address

**C. I have attempted to obtain the required signature of the lobbyist/lobbying firm for the attached report through the following methods (Check and complete all that apply):**

☐ Contact(s) with the lobbyist/lobbying firm by; ☐ Telephone ☐ Fax ☐ Mail ☐ Email ☐ Delivery Service;

☐ Personal contact(s) with the lobbyist/lobbying firm by myself, my employee, my attorney, or my agent;

☐ Contact with a family member, employee, or business associate of the lobbyist/lobbying firm; and/or

☐ Other (Specify).

**D The reason(s) for my inability to obtain the lobbyist's/lobbying firm's signature for the attached report is/are**

(Check and complete all that apply):

☐ Death of the lobbyist; ☐ Hospitalization or incapacitating illness (physical or mental) of the lobbyist/lobbying firm;

☐ Death, hospitalization or incapacitating illness (physical or mental) of an immediate family member of the lobbyist/lobbying firm;

☐ The present whereabouts of the lobbyist/lobbying firm are unknown;

☐ The lobbyist/lobbying firm has refused to sign the report;

☐ The lobbyist/lobbying firm has failed to respond to my attempts to contact him/her/it; and/or

☐ Other (Specify).

I affirm that the information set forth above is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).

Name (Type or Print):

Signature:

Date:

☐ See attachment 21 for additional pages