

# PRINCIPAL'S FORM

## QUARTERLY STATEMENT OF LOBBYING ACTIVITIES

State of Alabama  
Alabama Ethics Commission  
(334) 242-2997

**Street Address**  
100 North Union Street, Suite 104  
Montgomery, AL 36104

**Mailing Address**  
P. O. Box 302300  
Montgomery, AL 36130-2300

**PLEASE COMPLETE ALL INFORMATION IN ALL AREAS ON THIS FORM. IF YOU NEED ADDITIONAL FORMS, THIS FORM MAY BE PHOTOCOPIED. HOWEVER, ALL FORMS MUST BEAR ORIGINAL SIGNATURES. PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION.**

### General Information:

Principal (Name of Business Entity, Association or Organization):

Name and title of person signing for Principal:

Address of Principal/Business Entity, Association or Organization:

	City	State	Zip
Type Business:		Phone: (    )	

Name(s) of your Lobbyist(s):

(Attach additional sheets, if necessary.)

Check Quarter Covered by this Statement:	Reporting Year
1 <sup>st</sup> (Jan.-Mar.)      2 <sup>nd</sup> (Apr.-June)      3 <sup>rd</sup> (July-Sept.)      4 <sup>th</sup> (Oct.-Dec.)	

**If principal is an *individual only*, complete the following.**

**Name:** \_\_\_\_\_ **Telephone Number:** (    ) \_\_\_\_\_

**Address:**

### ITEM 1

**Did you or your lobbyist(s) do any lobbying during this reporting period?**

**Yes (if yes, complete remainder of form)**      **No (see paragraph below)**

**Lobbyist (1) performed no lobbying activities; (2) made no expenditures for lobbying activities; (3) loaned no money to any public official or candidate or member of their respective households or anyone on behalf of a public official or candidate or member of their respective households; and (4) had no direct business association with any candidate, public official or public employee. Advance to Item 5.**

**ITEM 2**

**Categories of legislation subject to lobbying activities (example: education, medical, etc.):**

**ITEM 3**

**Lobbyist who made expenditure.**

**If no expenditure, check here**

**Name:**

**Phone: (     )**

**Address:**

**Itemize expenditures expended within a 24-hour period on a public official, public employee, and members of their respective households in excess of \$250.00.**

**Name/Position and Address of Recipients:**

**Date of Expenditure**

**Nature of Expenditure**

(Attach separate sheets showing expenditures, if necessary.)

**ITEM 4**

**List any financial transactions, with public officials, candidates, or members of their households, of a value in excess of \$500 during the prior quarter (excluding transactions required to be reported by Fair Campaign Practices Act). (Use additional sheets, if necessary.)**

**Name: (public official) (candidate) (household member)**

**Address:**

**Nature/date of transaction:**

**List any loan(s) made or promised to a public official or candidate. If none, check here**

**Amount of loan:**

**Amount of loan promised:**

**Date of loan:**

**Name/Position of Recipient:**

**Address:**

**Relationship, if any, to public official or candidate:**

**State, in detail, circumstances surrounding above loan:**

**ITEM 5**

State in detail any direct business association or partnership with any public official, candidate, or members of the household of such public official or candidate; provided, however, that campaign expenditures shall not be deemed a business association or partnership. If none, check here

Identify person having direct business association with reporting person:

Name:

Home Address:

Job Title or Position sought by candidate:

Name of business in which directly associated:

Business Address:

Nature of business association: (check one or more boxes as needed)

Serve as directors, officers, partners or employees in the same business.

Have legal or beneficial ownership interest in same business.

Identified person is employee, officer or director of reporting person.

Identified person and reporting person are members of the same union.

Identified person and reporting person are members of the same Trade/Professional Association.

Other (Explain)

**ITEM 6**

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Principal Reporting \_\_\_\_\_ Date \_\_\_\_\_

Type/Legibly Print Name of Person signing for Principal

**DESIGNATED FILING PROCEDURE**

The Principal's Form must be filed with the Commission by every person required to file no later than January 31, April 30, July 31, and October 31 for each preceding calendar quarter.

**NOTE:** Any additions, changes or corrections to the information furnished in this form must be in the form of a signed letter.