DIRECTIONS FOR COMPLETING THE LOBBYIST REGISTRATION FORM

PART A. LOBBYIST INFORMATION:

<u>Section 1.</u> Enter the full name and business address of the individual, organization, or corporation registering. The address should be one where the person can be reached throughout the year. If the business changes during the period of registration or before all required reports are submitted, an address change must be mailed to the Board.

<u>Section 2</u>. If you are a lobbyist and employ staff to carry out part of the lobbying activity, those individuals must submit their own registration and, in addition, be listed in this section. Additionally, if you are an employer, you must list any lobbyist you employ.

<u>Section 3.</u> Identify the person or organization that employs or compensates the lobbyist. Enter the complete name and business address as well as the nature of the business.

PART B. LOBBYIST SIGNATURE:

This should be the full name of the lobbyist, as it appears in PART A, Section 1 of the form.

PART C. AUTHORIZATION TO ACT: (to be completed by the employer)

This should be completed by the person or organization named in PART A., Section 3 of the form. If the employer is a corporation, then an authorized officer or agent who is not the lobbyist should sign the authorization.

<u>Section 1.</u> Identify the matters to which the authorization will pertain as specifically as possible. Statements such as "any and all matters" are not sufficient. Please use any available numbers, formal designations or other descriptive references where possible. If the nature of the matters listed substantially changes during the authorization period, then a letter stating the change must be submitted to the Board.

<u>Section 2</u>. Indicate the entire period of time for which the person or organization named in PART A, Sections 1 or 2 are authorized to represent the employer.

<u>Section 3.</u> Enter the complete name and business address of the employer in the space provided. This should be the name of the employer, as it appears in PART A., Section 3 of the form.

<u>Section 4.</u> This should be the signature of the person or authorized officer or agent of the employer organization named in PART C., Section 3 of the form

WSSC LOBBYING REGISTRATION FORM

Please complete a separate form for each employer if lobbying on behalf of others. A fee of \$125 must accompany each registration form.

PART A. LOBBYIST INFORMATION

Section 1. Lobbyist Identification First Name: Last name: Business Name: Business Address: _____ Street State Zip Section 2. Others who will lobby on behalf of the lobbyist identified above: First Name: _____ Last name: ____ Street Address: City: _____ State: ____ Zip: ____ First Name: _____ Last name: _____ Street Address: City: _____ State: ____ Zip: ____ Section 3. Identification of Employer (if lobbyist on behalf of another): First Name: _____ Last name: ____ Business Name: Business Address: Nature of the Business:

Telephone Number: _____ Email: _____

PART B. LOBBYIST SIGNATURE:
Date:
Phone Number:
PART C. AUTHORIZATION TO ACT: (to be completed by the Employer)
Section 1.
The above-named lobbyist(s) is/are authorized to act upon the following matters:
1.
2.
Section 2.
The lobbyist(s) is/are authorized to act upon these matters during the following periods:
Beginning date to Ending date
Section 3.
Employer Name:
First Last
Street Address:
City: State: Zip:
Section 4.
I hereby certify that the information contained herein is correct. I reserve the right to terminate this authorization at any time
Employer Signature
Date:

(Please mail your completed form and check to the WSSC Board of Ethics, c/o Ethics Office; 14501 Sweitzer Lane, Laurel, Maryland 20707.)