

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
441 4th Street, N.W., Suite 830S  
Washington, D.C. 20001**

**ADDITIONAL DISCLOSURES  
LOBBYIST ACTIVITY REPORT**

**LOBBYISTS/LOBBYING ENTITIES ARE REQUIRED TO SUBMIT  
THIS FORM IF THEY MADE CERTAIN POLITICAL EXPENDITURES  
(DETAILED BELOW), NOT ON BEHALF OF A PARTICULAR CLIENT(S)**

**SCHEDULE C**

Year: \_\_\_\_\_

Period of Report: January  July

Period Covering:  January 1, 20\_\_ through June 30, 20\_\_  
 July 1, 20\_\_ through December 31, 20\_\_

REGISTRANT NAME: \_\_\_\_\_

Each political expenditure, loan, gift, honorarium, or contribution of \$50 or more made by the Registrant or anyone acting on behalf of the Registrant to benefit an official in the legislative or executive branch, a member of his or her staff or household, or a campaign or testimonial committee established for the benefit of the official, shall be itemized by date, beneficiary, amount, and circumstances of the transaction, including the aggregate of all expenditures that are less than \$50.<sup>1</sup>

List below the total contributions for each office holder or candidate.

Name of Beneficiary: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Amount: \_\_\_\_\_

Circumstances/Purpose of the Transaction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

<sup>1</sup> D.C. Official Code § 1-1126.30(a)(3).

Amount: \_\_\_\_\_  
Circumstances/Purpose of the Transaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
Date of Transaction: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Circumstances/Purpose of the Transaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
Date of Transaction: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Circumstances/Purpose of the Transaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a supplemental sheet in the same format if additional space is needed.**

I, the undersigned, certify and declare under oath that all of my statements on this form are to the best of my knowledge and belief, true, correct, and complete. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 et seq. (2001).

\_\_\_\_\_  
**Name of Registrant (Printed)**

\_\_\_\_\_  
**Signature of Registrant<sup>2</sup>**

<sup>2</sup> If not an individual, an authorized officer or agent of the Registrant must sign.