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 $50.¹

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:_________________________________________________________

¹ 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 Registrant2____________________________________________

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