

**Elaine F. Marshall, Secretary of State**

**2017 Principal Expense Report Form**

*For monthly and quarterly reports with reportable expenditures; if you have no reportable expenditure), use Form PR-EZ Zero Expense Short Form.*

**Mailing Address Lobbying Compliance Division Street Address: 2 South Salisbury Street**

**Department of the Secretary of State Raleigh, NC 27601-2903**

**P. O. Box 29622**

**Raleigh, NC 27626-0622**

**Amended Report:** *(Check if amending previously filed report.)* **Original Report Tracking #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period**: **Quarter Ended December 31, 2017**

Complete Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer’s affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period pursuant to G.S. §120C-403(b)(6).

**Name(s) of Lobbyist(s) as Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Include all lobbyists registered during any portion of the calendar year, including interim resignations/terminations.***

I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR

I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

**Part I: Reportable Expenditures**

***Note:*** *If 15 or less designated individuals (“DIs”) are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group’s purpose or composition. If DIs’ immediate family members are benefited, state separately.* N.C. Gen. Stat. § 120C-401(b1).

*\*Expense Codes*

*TL Transportation and Lodging FB Food and Beverages GI Gifts*

*EN Entertainment ME Meetings and Events OT Other*

# Section A. Principal Made Directly

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description of Expenditure,**  **Payee/Beneficiary and Address** | | **Designated Individual(s) or Immediate Family Member(s) Benefited** | | **\*Exp.**  **Code** | | **Amount** | |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | | | | | |
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|  | |  | |  | |  | | **$** |
| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | | | | | **$** |  |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist’s report)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description of Expenditure,**  **Payee/Beneficiary and Address** | | **Name of**  **Lobbyist** | | ↓  **√** | **Designated Individual(s) or Immediate Family Member(s) Benefited** | | **\*Exp.**  **Code** | | **Amount** | |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | | | | | | | |
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| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | | | | | | **$** | |  | |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**Part II: Contractual Arrangements, Promises, Obligations and/or**

**Direct Business Relationships In Effect During Previous 12 Months**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Effective**  **Date(s)** | | **Description of**  **Contractual Arrangement, Promise, Obligation or Direct Business Relationship** | **Applicable Designated Individual (“DI”) or DI Immediate Family Member** | | **Amount or**  **Other**  **Consideration**  **(Value)** | |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | | | |
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|  |  | | |  | **$** | |
| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | | | ***$*** |  |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**Part III: Solicitation of Others Exceeding $3,000.00**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date(s) of**  **Solicitation** | | **Description of**  **Solicitation** | **Payee/Beneficiary and Address** | | **Expense**  **Amount** | |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | | | |
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| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | | | **$** |  |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**Part IV. Event Reporting**

**(Use this page only if the principal has incurred event reportable expenditures.)**

|  |
| --- |
| **Please comply with the State Ethics Commission Rule, 30 NCAC 10C .0302 when completing Sections A or B for Event Reporting. This rule became effective on January 1, 2014.**  **State Ethics Commission Rule 30 NCAC 10C .0302 REPORTABLE EXPENDITURES MADE FOR LOBBYING**  (a) Forpurposes of G.S. 120C-402(b)(1) and 120C-403(b)(1), when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the “gift” given or provided to the designated individual(s) attending the event. Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with the lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.  (b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held. |

**Section A. Principal Paid for Event Directly**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | |
| **Event Date** | **Name of Event & Description of Expenditure Payee/Beneficiary and Address** | **Designated Individual or Immediate Family or Third Party Beneficiary** | **\*Expense**  **Code** | **Total Cost of the Event Paid By Principal** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
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|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | **$** |  |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**Section B. Principal Reimbursed Lobbyist for Event Costs**

**Name[s] of Lobbyist Reimbursed by Principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reportable Expenditures for Month/Quarter*: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under “This* Period’s *Subtotal” line.)*** | | | | | |
| **Event Date** | **Name of Event & Description of Expenditure**  **Payee/Beneficiary and Address** | **Designated Individual or Immediate Family or Third Party Beneficiary** | **\*Expense**  **Code** | | **Total Cost of the Event Paid By Principal** |
|  |  |  |  | | **$** |
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|  |  |  |  | | **$** |
| If this is a quarterly report and you filed a **monthly** expense report for the month of October, please enter the subtotal. | | | | **$** | |  |

**Quarterly Total Reportable Expenditures: *(Must enter total or “0”)*  $\_\_\_\_\_\_\_\_\_\_**

**\*\*2017 Cumulative Combined Lobbyist Payment for Services\*\***

|  |  |
| --- | --- |
| ***Failure to provide payee information will result in rejection of this report.*** | **CUMULATIVE COMBINED 2017 PAYMENT FOR SERVICES – MUST ENTER TOTAL OR 0.00** |
| **For this registration year, enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal and the payees thereof: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** |
| **Prior to the end of this fourth quarter of this calendar year, if you previously submitted a separate expense form to report cumulative combined payments to terminated or resigned lobbyists, enter the dollar amount. If not, include the total dollar amount for the 2017 cumulative lobbyist payment for services to all active, resigned or terminated lobbyists in the first and third blocks on this form.** | **$** |
| **Total cumulative combined payment for services for all lobbyists of the principal registered in 2017.** | **$** |

**Part IV: Certification and Notarization**

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR NEW SEPARATE FORM PR-AF), ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be filled in)**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be filled in)**

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to G.S. § 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

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

**Signature of Authorized Officer** **Printed name of Authorized Officer Date**

Sworn to (or affirmed) and subscribed before me,

this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_.

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

**Signature of Notary Public**

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

Printed Name of Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **(NOTARY STAMP OR SEAL)**

**Part V: Report Preparer’s Identity/Signature**

**Printed Full Name of Report Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Report Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER’S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.***

**FOR INFORMATIONAL USE ONLY; DISGARD BEFORE FILING**

* Expense reports are due quarterly, regardless of whether reportable expenditures are made, no later than 15 business days after the end of the calendar quarter.
* Do not use a zero expense report form for a monthly report or for a quarterly report that requires incorporation of a prior monthly report. Incomplete reports may be rejected.
* In addition, any reportable expenditure incurred while the General Assembly is in session with respect to lobbying legislators and legislative employees is reportable monthly no later than 10 business days after the end of the month.
* The information reported on any monthly report should be incorporated by reference on the long quarterly report form in the space provided.
* NCGS § 120C-401(d) states: Each report required by this Article shall be in the form prescribed by the Secretary of State and filed electronically.
* Submit completed (notarized) reports that have been electronically filed at <https://www.sosnc.gov/divisions/lobbying> but do not have an electronic notarization to the Department by one of the following methods:
  + (1) By United States mail addressed to the Lobbying Compliance Division, Secretary of State, Post Office Box 29622, Raleigh, North Carolina 27626-0622, postmarked within seven calendar days of the electronic filing;
  + (2) By hand-delivery in person or by a designated delivery service authorized pursuant to NCGS §1A-1, Rule 4, to the Lobbying Compliance Division, Department of the Secretary of State, 2 South Salisbury Street, Third Floor, Raleigh, NC 27601-2903, by 5:00 PM within seven calendar days of the electronic filing, in the case of hand-delivery in person, or postmarked by the authorized delivery service in the case of delivery within seven calendar days of the electronic filing;
* If you have an electronic notarization, submit completed reports electronically with electronic notarization transmitted to the Department by 11:59 PM of the filing deadline.
* Any document attached to the filing other than the Department’s form, must be compatible with, or convertible to Microsoft Word 2007.

**Event REPORTING Information**

“Date” means you must provide the date of the event or meeting if different from the date of the reportable expenditure; reportable expenditures made for lobbying events shall be reported for the month the lobbying event is held.

“Description of Expenditure” means you must provide:

1) An identification of what was given;

2) An identification, name, or title of the event or meeting at which the item, service, monetary contribution, etc was given including the payee/beneficiary name and address; and

3) An identification of the third party recipient of the item, service or monetary contribution, etc made at the request of or on behalf of a designated individual or a member of his or her immediate family.

“Designated Individual(s) or Immediate Family Member(s) Connected with Expenditure” means you must provide the name(s) of the designated individual or member of the designated individual’s immediate family who:

1) Received or benefited from the reportable expenditure, if the designated individual or immediate family member was the ultimate recipient of the expenditure, or;

2) Requested the reportable expenditure or on whose behalf the reportable expenditure was made, if a third party other than the designated individual or immediate family member was the ultimate recipient of the expenditure. If 15 or less designated individuals (“DIs”) are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group’s purpose or composition. If DIs’ immediate family members are benefited, state separately.

“Amount” means when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the “gift” given or provided to the designated individual(s) attending the event.

Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with a lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.