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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Elaine F. Marshall, North Carolina Secretary of State****2018 SOLICITOR EXPENSE REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **MAILING ADDRESS:** | Lobbying Compliance DivisionDepartment of the Secretary of StatePO Box 29622Raleigh, NC 27626-06222 South Salisbury StreetRaleigh, NC 27601-2903 |  |  |
|  |  |
|  |  |
| **STREET ADDRESS:** |  |  |

**□ AMENDED REPORT** *(Check if amending previously filed report.)***Original Tracking # *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Complete Name of Solicitor as Registered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period: □ Quarter Ended March 31, 2018 □ Quarter Ended September 30, 2018**

 **□ Quarter Ended June 30, 2018 □ Quarter Ended December 31, 2018**

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

**90-Day Solicitation Period:**  **From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(90-Day Solicitation Period Applicable to Initial Quarterly Report Only)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of****Solicitation** | **Description of****Solicitation** | **Payee/Beneficiary****Name and Address** | **Expense****Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_\_**

**Part II: 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 such as 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 G.S. §132-1, or some other description that clearly distinguishes the group’s purpose or composition. If DI’s immediate family members are benefited, list them separately.

**\*EXPENSE CODES**

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

**EN**: Entertainment **ME**: Meetings and Events **OT**: Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Description of Expenditure,****Payee/Beneficiary and Address** | **Designated Individual(s) or Immediate Family Member(s) Benefited** | **\*Exp.****Code** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_\_**

**Part III: 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)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total (Must enter total or “0”) $\_\_\_\_\_\_\_\_\_\_**

**Part IV: Certification and Notarization**

**IMPORTANT INSTRUCTIONS FOR SOLICITOR OFFICER AND NOTARY**

ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF SOLICITOR ENTITY, AND THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, THE VENUE (STATE AND COUNTY WHERE NOTARIZED) AND THE JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an authorized officer of

**(Must enter printed name of authorized officer of solicitor entity)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of the solicitor entity by its authority first

**(Must enter printed name of solicitor entity)**

duly given, or on his/her own behalf as an individual solicitor, being first duly sworn, hereby certifies that all the 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 of Solicitor Entity 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** (Rule 18 NCAC 12 .0205)

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

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

DO NOT COMPLETE UNLESS REPORT PREPARER IS PERSON OTHER THAN AUTHORIZED OFFICER OF SOLICITOR ENTITY WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN.

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

1. Reporting by solicitors is triggered when the total expense for solicitation of others exceeds $3,000.00 during any 90-day period. These expenses include the cost of producing and transmitting the communication. If the communication is made at a conference, meeting, or similar event, then the solicitor must include the costs of planning, hosting, sponsoring, and attending the event.
* Submit completed (notarized) reports that have been electronically filed at <https://www.sosnc.gov/> 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;
* Please choose which kind of record keeping method you are utilizing for this report.
* Submit completed reports via e-mail to lobbyistfiling@sosnc.gov transmitted to the Department no later than 11:59 PM on the filing deadline date; or
* Any document attached to the filing other than the Department’s form, must be compatible with, or convertible to Microsoft Word 2007.