

HOWARD COUNTY PUBLIC ETHICS COMMISSION
c/o Howard County Office of Law
3450 Court House Drive
Ellicott City, Maryland 21043
410-313-2103

LOBBYING REGISTRATION

I. Identification of Registrant/Lobbyist

- A. Registrant/Lobbyists full and legal name: _____
- B. Firm Name: _____
- C. Permanent address: _____
- D. Business telephone: _____
- E. Email Address: _____

II. Identification of Employer

- A. Name of person/entity that compensates you for activities that require registration: _____
- B. Address: _____

- C. Business telephone: _____
- D. Nature of business: _____
- E. Will you be representing any other person or entity regarding the matters identified in Part III.B of this registration?
Yes _____ No _____ If yes, you must file a **separate registration for each** person/entity that is employing you for lobbying purposes.

III. Lobbying Matters Information

- A. For what period will this registration be effective?
_____, 201__ through _____, 201__

- B. Please identify, by formal designation, if known, the matters on which the registrant expects to act during the above-designated period.

IV. Certification and Authorization to Act

- A. Certification of Lobbyist

I hereby acknowledge that I have read the Lobbying requirements set forth in Howard County Code §22.207 *et seq.* I hereby certify that the information contained in this Lobbying Registration is true, correct, and complete to the best of my knowledge, information and belief.

Signature

Date

Printed Name

- B. Authorization and Exemption Status of Employer

I hereby certify that the information contained herein is correct and that _____ (name of lobbyist) is authorized to act on behalf of _____ (name of employer) for the period from _____, 201____ to _____, 201____, unless this authority is terminated sooner.

Please check if applicable:

_____ Limited Exemption pursuant to 22.207(c): The employer claims the exemption from filing its own registration and activity reports because all expenditures requiring registration and reporting will be reported by the lobbyist named herein.

Authorized Signatory of Employer

Date

Printed Name