



**CITY OF CHICAGO BOARD OF ETHICS**  
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**Form C**  
**Part 1 of 3**

**LOBBYING ACTIVITY REPORT**

**For:** JANUARY through JUNE 2011

This Activity Report, Form C, consists of **Parts 1, 2 & 3**. **Parts 1 and 2** must be completed by each Registrant. **Part 3** must be completed as indicated below in Section D, "Other Information". NOTE: Pursuant to Section 2-156-290 of the City's Municipal Code, information you provide shall be made available to the public, which may include posting by the City on the Internet.

**A. REGISTRATION INFORMATION**

1.  NAME (First, MI, Last): \_\_\_\_\_ Suffix: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. Self Employed:  **OR** Employer Name: \_\_\_\_\_

3. Is this Activity Report being filed with a Termination Notice?

**B. VERIFICATION:**

I, (Name) \_\_\_\_\_

, as Registrant, state under oath or affirm or represent that I have examined the information provided on behalf of Registrant in this Lobbying Activity Report, which consists of Part 1, Part 2, and (check if applicable)  part 3 including any attachments, and that to the best of my knowledge, information and belief, the information is accurate and complete.

\_\_\_\_\_  
 Signature of Registrant or Designated Representative. Date

Signed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Notary Public

# LOBBYING ACTIVITY REPORT

**Form C**  
**Part 2 of 3**

For: JANUARY through JUNE 2011

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

Self Employed:  **OR** Employer Name: \_\_\_\_\_

**C. ITEMIZED LIST OF GIFTS:**

Registrant must report every gift made during the reporting period to an official or employee of the City by the Registrant. Gifts are anything of value including, but not limited to, food, beverage, travel, lodging, recreation and entertainment expenses.

For each gift given to an official or employee of the City, state recipient's name, title or position, City department, a description of the gift and its approximate value. Use additional sheets if necessary.

Recipient Name	Recipient Title	Recipient Department	Gift	Approximate Value

**D. OTHER INFORMATION**

Did the Registrant (i) lobby; OR (ii) incur lobbying-related expenditures; OR (iii) receive lobbyist-related compensation on behalf of / from ANY client during this reporting period? CHOOSE AN ANSWER

**If you answered "No,"** you do not need to complete Part 3 of this form.

**If you answered, "Yes,"** you must complete a **Part 3** for **EACH** client on whose behalf lobbying was performed, **or** on whose behalf lobbying-related expenditures were made, **or** from whom lobbying related compensation was received.

**NOTE:** If you submit a Part 3 for some but not all of your registered clients, you are presumed to be representing that you did not lobby, incur expenditures or receive compensation on behalf of/from those clients for whom you have not submitted a Part 3.



**G. COMPENSATION:**

Was lobbying related compensation received during this reporting period from this client? Choose One

If YES, state the amount of lobbying-related compensation received from this client during the reporting period to the nearest \$1000.00

*If your client is your employer and lobbying accounts for only a portion of your compensation, then prorate the amount, as the percentage of time spent on lobbying compared to the time spent on all other employment duties.*

**H. EXPENDITURES:**

1. During this reporting period has any single expenditure paid by you or charged to your client totaled \$250 or more? Choose One

IF YOU ANSWERED "YES", for each single expenditure of \$250 or more provide the following information. Attach additional sheets if necessary.

Date	Amount	Purpose of the Expenditure	Name, Address & Nature of business of the recipient of the expenditure	Legislative or Administrative action, if any, in connection with which the expenditure was made

3. State the total amount of lobbying-related expenditures paid by you or charged to your client in each category. ENTER AN AMOUNT IN ALL BLANKS, EVEN IF THAT AMOUNT IS "0"

- a. Office expenses (even if "0") \_\_\_\_\_
  - b. Compensation to others (even if "0") \_\_\_\_\_
  - c. Public education, advertising and publications (even if "0") \_\_\_\_\_
  - d. Personal sustenance, travel and lodging (even if "0") \_\_\_\_\_
  - e. Other expenses, not reported above (even if "0") \_\_\_\_\_
- Total amount of expenditures (even if "0") \_\_\_\_\_