

Communicator Lobbyist Report  
of Annual Compensation, Sales Tax and  
Reimbursement (2007/2008)  
Pursuant to Chapter 10, Part II  
General Statutes  
ETH-2A  
(Revised 1/06)

STATE OF  
CONNECTICUT  
**OFFICE OF  
STATE ETHICS**  
18-20 Trinity Street, Suite 205  
Hartford, CT 06106-1660  
Tel: (860) 566-4472

**IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.**

Name of Communicator or  
Business Organization:

Business Address:

City:  State:  Zip:

Contact person:

Telephone:  Ext:  E-mail address:

Client Lobbyist Represented:

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In-House Communicator:

Client Lobbyist Represented:

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Year Form Completed For:

**COMPENSATION, REIMBURSEMENT & SALES TAX**

		<b>Compensation Amount</b>	<b>Sales Tax</b>	<b>Expense Reimbursement</b>
<b>January</b>	Legislative			
	Administrative			
<b>February</b>	Legislative			
	Administrative			
<b>March</b>	Legislative			
	Administrative			
<b>April</b>	Legislative			
	Administrative			
<b>May</b>	Legislative			
	Administrative			
<b>June</b>	Legislative			
	Administrative			
<b>July</b>	Legislative			
	Administrative			
<b>August</b>	Legislative			
	Administrative			
<b>September</b>	Legislative			
	Administrative			
<b>October</b>	Legislative			
	Administrative			
<b>November</b>	Legislative			
	Administrative			
<b>December</b>	Legislative			
	Administrative			
<b>Total</b>	Legislative			
	Administrative			

**I do hereby certify under penalty of false statement that I make this report in accordance with the requirements of Chapter 10, Part II, General Statutes, and that this is a complete and accurate itemized statement which contains all the information required by said Part for the period shown.**

Signature of Authorized  
Communicator Lobbyist, or  
Member of Business  
Organization or In-House  
Communicator:

Date: