

Communicator Lobbyist Report of  
 Unreimbursed Expenditures and Necessary  
 Expenses (2007/2008)  
 Pursuant to Chapter 10, Part II  
 General Statutes  
 ETH-2B  
 (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.**

**INDIVIDUAL COMMUNICATOR OR BUSINESS ORGANIZATION**

Name of Individual Communicator or Member of Business Organization:

Business Address:

City:  State:  Zip:

Business Organization: List names of members on whose behalf report is filed:

Contact person:

Telephone:  Ext:  E-mail address:

Client Lobbyist Represented:

Year Form Completed For:

**PERIOD FILED FOR:**

TYPE	QUARTER			MONTH					
Administrative	1st <input type="radio"/>	2nd <input type="radio"/>	3rd-4th <input type="radio"/>						
Legislative	1st <input type="radio"/>	2nd <input type="radio"/>	3rd-4th <input type="radio"/>	Jan <input type="radio"/>	Feb <input type="radio"/>	Mar <input type="radio"/>	Apr <input type="radio"/>	May <input type="radio"/>	June <input type="radio"/>
				Jul <input type="radio"/>	Aug <input type="radio"/>	Sep <input type="radio"/>	Oct <input type="radio"/>	Nov <input type="radio"/>	Dec <input type="radio"/>

**TERMS OF COMPENSATION**

**Please note: Changes in terms of compensation by a communicator lobbyist MUST be filed as an amendment to the registration.**

**UNREIMBURSED EXPENDITURES PER PERSON PER OCCASION FOR BENEFIT OF PUBLIC OFFICIAL IN LEGISLATIVE BRANCH OR EXECUTIVE BRANCH OR FOR MEMBERS OF OFFICIAL'S STAFF OR IMMEDIATE FAMILY**

To determine what expenditures must be itemized and what benefits are permissible, consult the 2005/2006 Communicator Lobbyist Information Guide.

- Include:
- a. All reportable expenditures for benefit of Public Official, etc., in furtherance of lobbying.
  - b. All other reportable expenditures for benefit of Public Official, etc., unrelated to lobbying (e.g., a wedding gift to a personal friend who happens to be a Public Official).

**Circumstance of transaction:**

Check if Unrelated to Lobbying

Check if Related to Lobbying

**CHECK APPROPRIATE BOXES BELOW:**

Legislative Reception	Other Food & Drink	Necessary Expense/Gift to State	Charitable/Civic Event	Plaque/Award	Gift/Major Life Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Location:

Lobbyist in attendance:

Detailed description:

Check if shared with other lobbyists:

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**

Name:

Title:

Agency:

**ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)**

Food & Drink:       Plaque/Award:       Gift/Major Life Event:

Waived Fee:       Transportation Cost:       Lodging Cost:

**Circumstance of transaction:**

Check if Unrelated to Lobbying

Check if Related to Lobbying

**CHECK APPROPRIATE BOXES  
BELOW:**

Legislative Reception	Other Food & Drink	Necessary Expense/Gift to State	Charitable/Civic Event	Plaque/Award	Gift/Major Life Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Location:

Lobbyist in attendance:

Detailed description:

Check if shared with other lobbyists:

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**

Name:

Title:

Agency:

**ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)**

Food & Drink:       Plaque/Award:       Gift/Major Life Event:

Waived Fee:       Transportation Cost:       Lodging Cost:

**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 Individual Communicator  
Lobbyist or Member of Business Organization: