MARYLAND STATE ETHICS COMMISSION
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Annapolis, MD 21401
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REGULATED LOBBYIST EMPLOYER EXPENDITURE ON MEALS AND/OR BEVERAGES - ELECTED EXECUTIVE OFFICIALS SPECIAL ACTIVITY REPORT (Form #13A)

Period Covered by This Report: November 1, 20___ through April 30, 20___
May 1, 20___ through October 31, 20___

Instructions: This report is to be filed by regulated lobbyists for each employer, including a non-exempt employer, who financially participated in an expenditure of meals and/or beverages for an elected executive official or member of his or her immediate family. Meals and/or beverages are to be reported whether or not provided in connection with lobbying activities. If more than one employer has contributed to the costs of the reported meals and beverages, you must report the portion of the cost attributed to each employer. If the lobbyist pays all or part of the cost out of his or her own funds and not on behalf of an employer, the lobbyist should itemize those expenditures on Form 13B. Amounts spent on meals and/or beverages are also to be reflected in Section B-1 of the Lobbying Activity Report (Form 4). Meals and beverages listed on this report by name of recipient do not count toward the $75 reporting requirement.

PART A. Identification of Regulated Lobbyist (Registrant and Employer).

I. Identifying Information:

a. Name of Registrant\Lobbyist_____

b. Permanent Address (include firm name if applicable)
_____
_____
_____

c. Business Telephone ( ) _____

II. Identification of Employer:

Complete only if registrant acts on behalf of another.

a. Identify the person or organization who compensated the lobbyist for activities requiring this registration.
Name_____
Permanent Address_____
_____
_____
Business Telephone ( ) _____

b. Identify any other person who the lobbyist represents regarding the matters covered by this registration (if none, write none) _____
_____
_____

PART B. Elected Executive Officials Recipients of Meals and/or Beverages in Any Amount

You must list separately each expenditure of meals and/or beverages, including the name of the recipient, the date, the value attributable to this report and the nature of the item or items. If this report lists only part of the total value, you must additionally provide the total cost of the meals and beverages under "Nature of Item(s)." In the comment space below, the donor may also explain the circumstances under which the expenditure was made. If there is insufficient space on this form, additional schedules may be attached.

Name of Recipient	Title or Position (if family member of official or employee, name of official or employee and relationship)	Itemization of Meals and Beverages Date	Amount or Value	Nature of Item(s)

Comment (if any) _____
_____

PART C. Signature and Oath

I solemnly swear or affirm under the penalties of perjury that the contents of this report including any attachments thereto, are complete, true and correct to the best of my knowledge, information and belief.

[SEAL]

Signature of Person Filing: _____
Date: _____
Sworn to before me this ____, day of _____, 20 _____
Signature of Notary Public: _____
Printed/typed Name of Notary Public: _____
My Commission Expires: _____