

COOK COUNTY LOBBYIST EXPENDITURE STATEMENT

A. Name and permanent address of registrant

_____ Telephone (_____) _____
_____ zip code

B. Reporting period for expenditures (check applicable box)

- 6 months, from January 1 through June 30
- 6 months, from July 1 through December 31
- Only for registrants who are resigning by filing this statement with a termination notice:
From _____ to _____
Date covered by previous report Date of termination of lobbying

C. Compensation and Expenses

For each client provide the amount of compensation and aggregate expenses attributable to lobbying activities

1. Client: _____

(Permanent business address)

(Temporary business address, if any)

(The name of each person lobbied for this client and brief description of county matter involved)

\$ _____
(Amount of compensation)

Aggregate expenses attributable to lobbying activities for this client:

- a. Advertising and Publications \$ _____
- b. Lodging and Travel \$ _____
- c. Educational and Advocacy \$ _____
- d. Honoraria \$ _____
- e. Meals, Beverages and Entertainment \$ _____
- f. Political Contributions \$ _____
- g. Gifts \$ _____
- TOTAL OF A-G** \$ _____

List any additional clients on next page; if more space is needed, copy page and attach copy/copies to this form.

2. Client: _____

(Permanent business address)

(Temporary business address, if any)

(The name of each person lobbied for this client and brief description of county matter involved)

(Amount of compensation)

Aggregate expenses attributable to lobbying activities for this client:

- a. Advertising and Publications \$ _____
- b. Lodging and Travel \$ _____
- c. Educational and Advocacy \$ _____
- d. Honoraria \$ _____
- e. Meals, Beverages and Entertainment \$ _____
- f. Political Contributions \$ _____
- g. Gifts \$ _____
- TOTAL OF A-G** \$ _____

3. Client: _____

(Permanent business address)

(Temporary business address, if any)

(The name of each person lobbied for this client and brief description of county matter involved)

(Amount of compensation)

Aggregate expenses attributable to lobbying activities for this client:

- a. Advertising and Publications \$ _____
- b. Lodging and Travel \$ _____
- c. Educational and Advocacy \$ _____
- d. Honoraria \$ _____
- e. Meals, Beverages and Entertainment \$ _____
- f. Political Contributions \$ _____
- g. Gifts \$ _____
- TOTAL OF A-G** \$ _____

2. For any expenditure over \$100 provide the following information:

NAME OF RECIPIENT / BENEFICIARY	DATE OF EXPENDITURE	USE AND PURPOSE OF EXPENDITURE	AMOUNT	COUNTY MATTER	CLIENT

if you need additional space to submit expenditure information, please copy the appropriate page and attach copy/copies to this form.

(Signature of Registrant or Authorized Agent)

Signed and sworn (or affirmed) to before me on _____ (date)

by _____ (name of registrant or authorized agent)

(Notary Public)

(SEAL)

*Ethics and Campaign Disclosure Department
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