

IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

OFFICE USE ONLY
I.D. NO. _____
INITIAL FILING _____
AMENDED FILING _____

Iowa Ethics and Campaign Disclosure Board

Periodic Lobbyist Report - Executive Branch

Part I- Identification of Lobbyist

Name

Mailing Address-Street Suite or Apt #, PO Box

City, State, ZIP

Area code/Phone Number,

E-mail Address (optional)

Part II-Period Covered Year Covered _____

Check As Appropriate:

- Original Report** **Amended Report**
- 1st Qtr** Due April 30 (Covers January 1 through March 31)
- 2nd Qtr** Due July 31 (Covers April 1 through June 30)
- 3rd Qtr** Due October 31 (Covers July 1 through Sept 30)
- 4th Qtr** Due January 31 (Covers Oct. 1 through Dec. 31)
- For Exempt Only-Cumulative Report** (Covers Jan. 1 through Dec. 31) Due upon filing exemption application
- Final Report** Due within 15 days of filing cancellation form. Include cumulative year to date information.

Part III- Clients Please list the clients you represent with accompanying identifying information in the spaces provided on the **REVERSE** side of this form or attach a list of the names, addresses, contact persons and telephone numbers of your clients.

Part IV- Campaign Contributions made by you to candidates for state office during the reporting period indicated in Part II above.

Attach additional sheet if necessary. Show all transactions for year if final report. **Mark with "N/A" if none.**

<u>Contribution Date</u>	<u>Recipient Committee</u>	<u>Amount of Contribution</u>
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Part V - Expenditures made by you in the process of lobbying activity. Board rule 351 IAC 8.6 provides guidelines for reportable expenditures. Provide total dollar amount. Attach additional sheet if necessary. Show all transactions if final report. **Mark with "N/A" if none.**

<u>Type of Expense</u> <u>(Direct, Compensation for Research, Comp for lobbying)</u>	<u>Total Dollar Amt.</u>
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CLIENTS

1. **Name** _____
Address _____

Phone _____
Contact _____

2. **Name** _____
Address _____

Phone _____
Contact _____

3. **Name** _____
Address _____

Phone _____
Contact _____

4. **Name** _____
Address _____

Phone _____
Contact _____

5. **Name** _____
Address _____

Phone _____
Contact _____

6. **Name** _____
Address _____

Phone _____
Contact _____

7. **Name** _____
Address _____

Phone _____
Contact _____

8. **Name** _____
Address _____

Phone _____
Contact _____

Please refer to Iowa Code sections 68B. 36 through 68B.38 and rules in 351 IAC chapter 8 for complete information regarding lobbyist information and filing requirements.

Lobbyist

Date