

Do not staple; type, print in ink or file electronically; attach additional pages as necessary.

File #

Original Tracking _____ # (If Amended Report)



Elaine F. Marshall, Secretary of State

2008 Principal Expense Report

Amended Report (Check if amending previously filed report) Original Report Tracking # _____ (SOS Office Use Only)

CHECK ONE BOX ONLY. Period: Month Ended _____ Quarter Ended March 31, 2008
 Quarter Ended June 30, 2008 Quarter Ended September 30, 2008
 Quarter Ended December 31, 2008

Complete Name of Principal: _____

Name of Lobbyist(s) as Registered: _____

INCLUDE ALL LOBBYISTS REGISTERED DURING ANY PORTION OF REPORTING PERIOD, INCLUDING INTERIM RESIGNATIONS/TERMINATIONS

Part I: Reportable Expenditures

Note: If 15 or fewer designated individuals (“DIs”) are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly identifies the group’s purpose or composition. If DIs’ immediate family members are benefited, list separately in section that applies.

***Expense Codes**

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other

Section A. Expenditures Made By Principal Directly to Designated Individuals

Expenditures Reportable This Period: DO NOT REENTER INFORMATION FOR ANY PREVIOUSLY REPORTED MONTHLY EXPENSE; CHECK BOX AND INCORPORATE SECTION TOTAL FROM MONTHLY REPORT BELOW; ENTER INFORMATION FOR NEWLY REPORTED EXPENSE ONLY

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
This Period’s Subtotal (Must enter total or “0”)				\$
<input type="checkbox"/> For Quarterly Report Only: Check and enter subtotal from first month’s report incorporated by reference →				
<input type="checkbox"/> For Quarterly Report Only: Check and enter subtotal from second month’s report incorporated by reference →				

Quarterly Total (Must enter total or “0”) \$ _____

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Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

Expenditures Reportable This Period Expenditures Reportable This Period: DO NOT REENTER INFORMATION FOR ANY PREVIOUSLY REPORTED MONTHLY EXPENSE; CHECK BOX AND INCORPORATE SECTION TOTAL FROM MONTHLY REPORT BELOW; ENTER INFORMATION FOR NEWLY REPORTED EXPENSE ONLY

Date	Description of Expenditure, Payee/Beneficiary and Address	Name of Lobbyist	↓ √	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount

This Period's Subtotal (Must enter total or "0") \$ _____

For Quarterly Report Only: Check and enter subtotal from first month's report incorporated by reference →

For Quarterly Report Only: Check and enter subtotal from second month's report incorporated by reference →

Quarterly Total (Must enter total or "0") \$ _____

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

Expenditures Reportable This Period Expenditures Reportable This Period: DO NOT REENTER INFORMATION FOR ANY PREVIOUSLY REPORTED MONTHLY EXPENSE; CHECK BOX AND INCORPORATE SECTION TOTAL FROM MONTHLY REPORT BELOW; ENTER INFORMATION FOR NEWLY REPORTED EXPENSE ONLY

Effective Date(s)	Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship	Applicable Designated Individual ("DI") or DI Immediate Family Member	Amount or Other Consideration (Value)

This Period's Subtotal (Must enter total or "0") \$ _____

For Quarterly Report Only: Check and enter subtotal from first month's report incorporated by reference →

For Quarterly Report Only: Check and enter subtotal from second month's report incorporated by reference →

Quarterly Total (Must enter total or "0") \$ _____

Part III: Solicitation of Others Exceeding \$3,000.00

Expenditures Reportable This Period Expenditures Reportable This Period: DO NOT REENTER INFORMATION FOR ANY PREVIOUSLY REPORTED MONTHLY EXPENSE; CHECK BOX AND INCORPORATE SECTION TOTAL FROM MONTHLY REPORT BELOW; ENTER INFORMATION FOR NEWLY REPORTED EXPENSE ONLY

Date(s) of Solicitation	Description of Solicitation	Payee/Beneficiary and Address	Expense Amount

This Month's Subtotal (Must enter total or "0") \$ _____

For Quarterly Report Only: Check and enter subtotal from first month's report incorporated by reference →

For Quarterly Report Only: Check and enter subtotal from second month's report incorporated by reference →

Quarterly Total (Must enter total or "0") \$ _____

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Part IV: Compensation

For the quarterly reporting period covered by this expense report, the principal has accrued the following sums of compensation for services rendered in connection with lobbying activities on behalf of the principal (compensation must be stated separately for each lobbyist; attach additional pages as needed). If lobbyist is a full-time employee of principal or is compensated by means of an annual fee or retainer, the principal shall estimate and report the portion of the salary, fee or retainer that compensates the lobbyist for lobbying during the quarterly reporting period. DO NOT ENTER COMPENSATION ON A MONTHLY REPORT.

Lobbyist Name	Quarterly Compensation
	\$
Quarterly Total (Must enter total or "0")	\$
<input type="checkbox"/> (Check Box if Principal is Compensating Lobbyist for Non-Lobbying Services, Do Not Include Amount)	

Part V: Certification and Notarization

STATE OF _____

COUNTY OF _____

_____, individually or as an authorized officer of _____,

(Printed Name of Principal or Authorized Officer)

(Printed Legal Name of Principal Entity if applicable)

on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Signature of Principal or Authorized Officer

Date

Sworn to (or affirmed) and subscribed before me,
this _____ day of _____, 200__.

Signature of Notary Public

Printed Name of Notary Public

My commission expires: _____.

(NOTARY STAMP OR SEAL)

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY, AND THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT AND UNTIMELY FILING.

Part VI: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: _____

Signature of Report Preparer: _____

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COMPLETE AND SIGN ONLY IF REPORT PREPARER IS PERSON OTHER THAN AUTHORIZED OFFICER WHO EXERCISES INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED.

Part VII: Affidavit of Electronic Filing

STATE OF _____
COUNTY OF _____

AFFIDAVIT

_____, individually or as an authorized officer of _____,

(Printed Name of Principal or Authorized Officer)

(Printed Legal Name of Principal Entity if applicable)

being first duly sworn, deposes and says that he/she did electronically file said principal's Form PR-ER Principal Expense Report on the ___ day of _____, 200___, at _____ o'clock __.M., from e-mail address _____

on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, and hereby certifies that all information contained therein (including any attachments thereto) is true, complete and correct to the best of his/her knowledge and belief.

Sworn to (or affirmed) and subscribed before me,

this ___ day of _____, 200___.

Signature of Principal or Authorized Officer

Signature of Notary Public

Printed Name of Notary Public

My commission expires: _____.

(NOTARY STAMP OR SEAL)

IMPORTANT INSTRUCTIONS FOR PRINCIPAL AND NOTARY

ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER, PRINTED NAME OF PRINCIPAL ENTITY, AND DATE, TIME AND E-MAIL ADDRESS OF ELECTRONIC TRANSMISSION. AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT AND UNTIMELY FILING.