

Carnegie Mellon University

City/County Lobbying Information Form

For the three month period of (check one):

- Jan – Mar
- Apr - Jun
- July - Sept
- Oct – Dec

Year: _____

I. BACKGROUND

Your Name: _____

Department & Position: _____

Campus Address: _____

Campus Phone: _____

E-mail Address: _____

Check here if no activity or expenses this quarter

II. LOBBYING ACTIVITIES

1. Total time spent, in hours, on behalf of the University on any and all effort(s) to influence legislative or administrative agency action (referred to as "Lobbying"), including, preparation, time, such as research, writing, internal meetings and discussions: _____

2. Total time spent, in hours, on behalf of the University on any effort(s) to encourage others (such as alumni, staff and students) to take action to influence legislative or administrative agency action, including all preparation time: _____

3. Name and address of other persons who also participated or assisted in Lobbying effort(s) identified above, such as consultants, attorneys, researchers, support staff, etc. Please attach a separate sheet if necessary.

4. Briefly describe the subject matter of the Lobbying effort(s) identified above. Please attach a separate sheet if necessary.

5. Name(s) and title(s) of legislators or city/county officials whom you lobbied or with whom you had contact, on behalf of the University. Please attach a separate sheet if necessary.

6. Total money spent, in whole dollars, on behalf of the University on any and all efforts to influence legislative or administrative agency action (referred to as "Lobbying), including travel, preparation and time: \$ _____

III. Gifts and Hospitality

Identify all gifts, entertainment, meals, transportation, lodging and receptions for city/county officials, city/county employees or their immediate families. Use extra sheets as necessary.

• Date: _____

Name of city/county
official/employee: _____

Type and description of expense, i.e., gift, meal, reception, etc., and reason for expense.
Please attach a separate sheet if necessary.

Total Cost: \$ _____

• Date: _____

Name of city/county
official/employee: _____

Type and description of expense, i.e., gift, meal, reception, etc., and reason for expense.
Please attach a separate sheet if necessary.

Total Cost: \$ _____

• Date: _____

Name of city/county

official/employee: _____

Type and description of expense, i.e., gift, meal, reception, etc., and reason for expense.
Please attach a separate sheet if necessary.

Total Cost: \$ _____

• Date: _____

Name of city/county

official/employee: _____

Type and description of expense, i.e., gift, meal, reception, etc., and reason for expense.
Please attach a separate sheet if necessary.

Total Cost: \$ _____

• Date: _____

Name of city/county

official/employee: _____

Type and description of expense, i.e., gift, meal, reception, etc., and reason for expense.

Please attach a separate sheet if necessary.

Total Cost: \$ _____