

LOBBYING DISCLOSURE
QUARTERLY EXPENSE REPORT/
AMENDED QUARTERLY EXPENSE REPORT
(Please Print or Type)

17 IDENTIFICATION OF STATE OFFICIAL(S)/EMPLOYEE(S) RECEIVING PAYMENT/REIMBURSEMENT FOR TRANSPORTATION AND LODGING OR HOSPITALITY EXCEEDING \$650 IN THE AGGREGATE FOR THE CALENDAR YEAR (For each payment/reimbursement, provide the following):

Last Name First Name MI

Position Governmental Body

A) PAYMENT/REIMBURSEMENT Date Value \$.XX
Source of Payment/Reimbursement Name

Address

City State ZIP

B) PAYMENT/REIMBURSEMENT Date Value \$.XX
Source of Payment/Reimbursement Name

Address

City State ZIP

C) PAYMENT/REIMBURSEMENT Date Value \$.XX
Source of Payment/Reimbursement Name

Address

City State ZIP

D) PAYMENT/REIMBURSEMENT Date Value \$.XX
Source of Payment/Reimbursement Name

Address

City State ZIP