



Affirm an Expense Report

This job aid will outline the steps necessary to perform the below operations:

1. Affirm an expense report electronically to the Division of Lobbying Disclosure Registration and Reporting (LDR) at the Pennsylvania Department of State.

Affirm an Expense Report

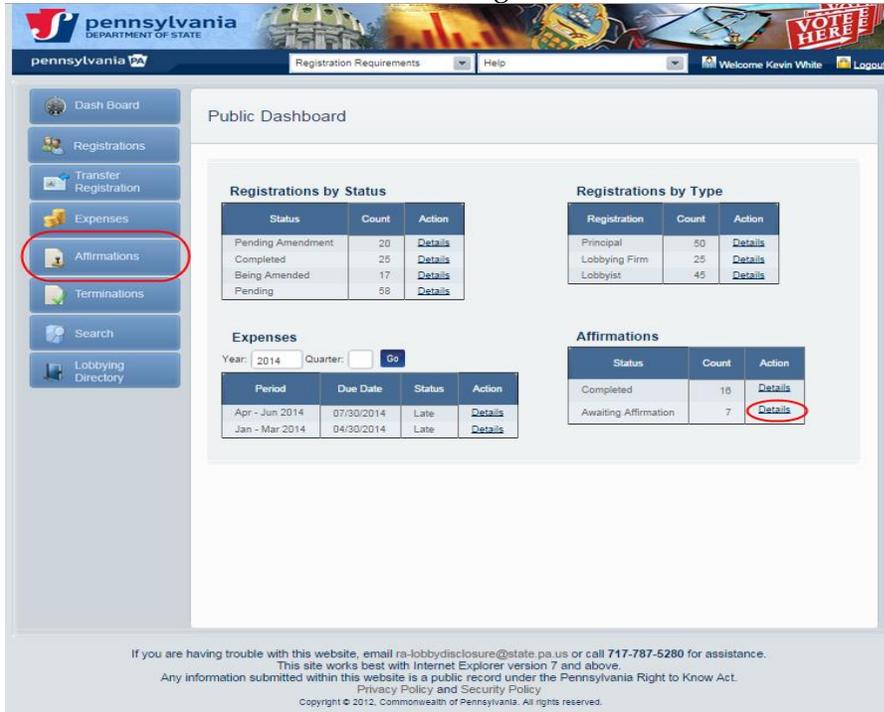
Steps	Actions
<p>1.</p>	<p>Access the LDR Website: Enter www.palobbyingservices.pa.gov in your internet browser's address line.</p> 

Steps	Actions
2.	<p>Log In: Enter your Keystone Login account credentials and click [Login].</p> <div data-bbox="643 499 1089 848" data-label="Image"> </div> <p>The user is presented with the Public Dashboard which displays the users Number of Registrations by Status, Number of Registrations by Type, any Expense reports which are late or due as well as the status of any Affirmations.</p> <div data-bbox="305 1024 1422 1688" data-label="Image"> </div>

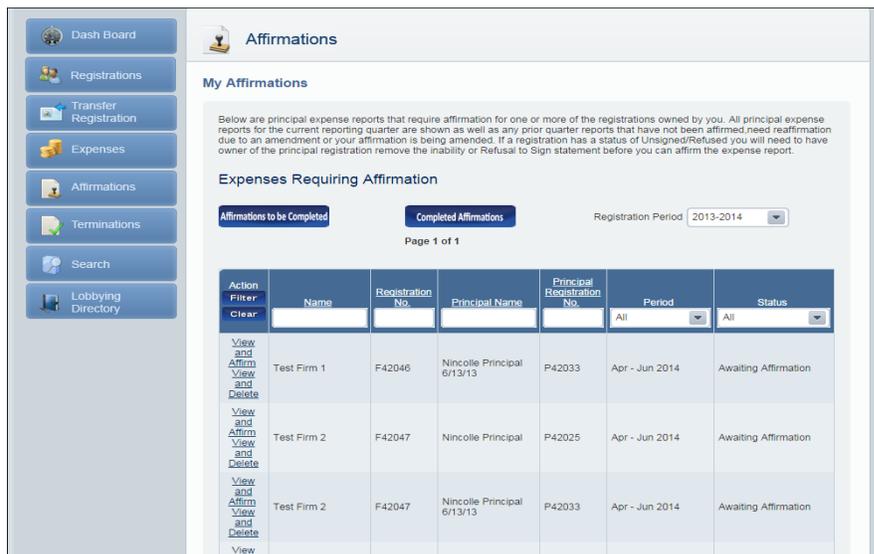
Steps	Actions
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3. Access **My Affirmations** page:

To access the **My Affirmations** page, either click on *Affirmations* from the left navigation or by clicking on the **Details** action link in the Affirmations grid on the Public Dashboard.

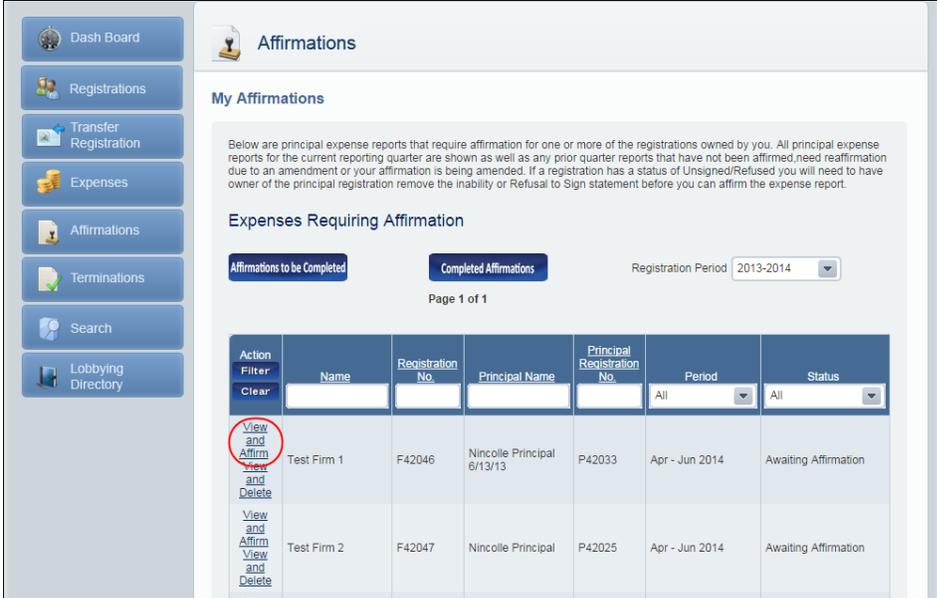


The **My Affirmations** page is displayed defaulted to the *Expenses Requiring Affirmation* tab:



Steps	Actions
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4. Select the Expense Report to Affirm:
 Click on the 'View and Affirm' action link in the row for the expense report for which you want to affirm.



Affirmations

My Affirmations

Below are principal expense reports that require affirmation for one or more of the registrations owned by you. All principal expense reports for the current reporting quarter are shown as well as any prior quarter reports that have not been affirmed. need reaffirmation due to an amendment or your affirmation is being amended. If a registration has a status of Unsigned/Refused you will need to have owner of the principal registration remove the inability or Refusal to Sign statement before you can affirm the expense report.

Expenses Requiring Affirmation

Affirmations to be Completed Completed Affirmations Registration Period: 2013-2014

Page 1 of 1

Action Filter	Name	Registration No.	Principal Name	Principal Registration No.	Period	Status
Clear					All	All
View and Affirm	Test Firm 1	F42046	Nicolle Principal 6/13/13	P42033	Apr - Jun 2014	Awaiting Affirmation
View and Delete						
View and Affirm	Test Firm 2	F42047	Nicolle Principal	P42025	Apr - Jun 2014	Awaiting Affirmation
View and Delete						

5. Review Expense Report:
 Review the expense report summary that is displayed.



Affirmations

Filer's Information

Name : Nicollet Principal 6/13/13 Registration #: P42033
 Address : test , test PA 77777 Phone : 777-777-7777
 Filing Period: Expense Quarter: Apr - Jun E-Mail :
 Expense Year: 2014

Identification of Individual Filing Report

Last Name : Graver First Name : Nicollet MI : Suffix :

Lobbying Firm(s)/Lobbyist(s) Lobbying on Principal(s) Behalf

Name	Registration Number
Nicollet's Firm	F42026
Test Firm 1	F42046
Test Firm 2	F42047
Test Firm 3	F42048
Test Firm 4	F42051
Test Firm 5	F42052
Test Firm 6	F42053

Total Lobbying Expenses During The Reporting Period



Steps	Actions
6.	<p>Entering the Affirmation Details: The Expense Affirmation fields are displayed below the expense summary.</p> <div data-bbox="267 514 1477 1921"><h3>Source of Contributions</h3><p>No Records Found</p><h3>Affirmation</h3><p>I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the 'Lobbyist or Lobbying Firm Statement of Limited Knowledge', if any, and that I have actual knowledge of the contents of this form and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process from the Commonwealth of PA at the address, email or facsimile listed on this form. To the best of my knowledge, at all time relevant to the above reporting period, I have been in compliance with 65 Pa.C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).</p><p>First Name : Nincolle Middle Initial : Last Name : Graver Suffix : Title : Date Signed : 08/15/2014</p><p>I represent a third-party. <input type="checkbox"/></p><h3>Expenses Affirmation</h3><p>Firm or Lobbyist : F42046, Test Firm 1 Principal : P42033, Nincolle Principal 6/13/13 Period : Apr - Jun 2014</p><p>Are you submitting a statement of limited knowledge? <input type="checkbox"/> Yes</p><h3>Affirmation</h3><p><input type="checkbox"/></p><p>I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the 'Lobbyist or Lobbying Firm Statement of Limited Knowledge', if any, and that I have actual knowledge of the contents of this form and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process from the Commonwealth of PA at the address, email or facsimile listed on this form. To the best of my knowledge, at all time relevant to the above reporting period, I have been in compliance with 65 Pa.C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).</p><p>First Name : * <input type="text"/> Middle Initial : <input type="text"/> Last Name : * <input type="text"/> Suffix : <input type="text"/> Title : <input type="text"/></p><p>I represent a third-party. <input type="checkbox"/></p><p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p></div>



Steps	Actions
<p>If applicable, select the checkbox to indicate the affirmation is being submitted with a Statement of Limited Knowledge.</p>	<div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p>Expenses Affirmation</p> <p>Are you submitting a statement of limited knowledge? Yes <input type="checkbox"/></p> <p>Affirmation</p> <p><input type="checkbox"/></p> <p>I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the 'Lobbyist or Lobbying Firm Statement of Limited Knowledge', if any, and that I have actual knowledge of the contents of this form and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process from the Commonwealth of PA at the address, email or facsimile listed on this form. To the best of my knowledge, at all time relevant to the above reporting period, I have been in compliance with 65 Pa.C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).</p> <p> First Name : * <input style="width: 150px;" type="text"/> Middle Initial : <input type="checkbox"/> </p> <p> Last Name : * <input style="width: 150px;" type="text"/> </p> <p> Title : * <input style="width: 150px;" type="text"/> </p> <p>I represent a third-party. <input type="checkbox"/></p> <p style="text-align: center;"> <input type="button" value="Clear"/> <input type="button" value="Submit"/> </p> </div> <p>Selecting this checkbox will display the fields for the Statement of Limited Knowledge:</p> <div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p>Expenses Affirmation</p> <p>Are you submitting a statement of limited knowledge? Yes <input checked="" type="checkbox"/></p> <p>Expenditures for which statement is applicable (Check all that apply)</p> <p>Total costs of all lobbying for the period <input type="checkbox"/></p> <p>Total expenditures for gifts, hospitality, meals, transportation, and lodging for State officials, employees, or their immediate families <input type="checkbox"/></p> <p>Total costs for direct communication <input type="checkbox"/></p> <p>Total costs for indirect communication <input type="checkbox"/></p> <p>Identification of State officials/employees receiving gifts in the aggregate of \$250 or more for the calendar year <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Identification of State officials/employees receiving payment/reimbursement for transportation, lodging or hospitality exceeding \$650 in the aggregate for the calendar year</p> <p>Source of contribution to principal resources exceeding 10% of principal's resources <input type="checkbox"/></p> <p>Nature of Limited Knowledge: (Please specify the nature of and reason for the Lobbyist's or Lobbying Firm's limited knowledge)</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> </div>



Steps	Actions
7.	<p>Submitting the Affirmation:</p> <p>After entering the affirmation details, the user will select the Affirmation checkbox, enter their name and title and click [Submit].</p> <div data-bbox="240 552 1484 1079"><p>Affirmation</p><p><input type="checkbox"/></p><p>I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the 'Lobbyist or Lobbying Firm Statement of Limited Knowledge', if any, and that I have actual knowledge of the contents of this form and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process from the Commonwealth of PA at the address, email or facsimile listed on this form. To the best of my knowledge, at all time relevant to the above reporting period, I have been in compliance with 65 Pa.C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).</p><p>First Name : * <input type="text"/> Middle Initial : <input type="text"/></p><p>Last Name : * <input type="text"/></p><p>Title : * <input type="text"/></p><p>I represent a third-party. <input type="checkbox"/></p><p><input type="button" value="Clear"/> <input type="button" value="Submit"/></p></div>