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City of Springfield, Massachusetts

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Wayman Lee, City Clerk
36 Court Street, Room 123, Springfield, Massachusetts 01103
413-787-6096

Lobbyist Entities and Clients Reporting Statement

This report must be completed by all Lobbyist Entities which have Registered using Forms E1 and E2 and by all Clients who have hired a Lobbyist or a Lobbyist Entity during the Reporting period.

Name of Lobbyist Entity or Client *Lobbyist Entity or Client ID #*

Lobbyist Entity or Client Home Address *City/Town* *State* *Zip Code*

Lobbyist Entity or Client Phone *Lobbyist Entity or Client Email Address*

You must report all salaries and/or retainers paid to any Lobbyist during this reporting period. You must also record all expenditures incurred during this reporting period on reverse side.

Date	*Name of Lobbyist receiving salary or retainer*	*Lobbyist ID#*	*Amount paid or due this period*
Total salaries and/or retainers this report:			

A. ITEMIZED EXPENDITURE REPORT

Every Lobbyist Entity or Client who employed a Lobbyist shall render to the state secretary a complete and detailed itemized statement, under oath, listing all expenditures incurred in connection with promoting, opposing or influencing legislation, or the mayor's approval or veto thereof, or influencing the decision of any officer or employee of the executive branch or an authority and the total amount thereof.

Such itemized accounting shall include, but shall not be limited to, specific expenditures for meals, gifts, transportation, entertainment, advertising, public relations, printing, mailing, and telephone; and the names of the payees and the amount paid to each payee.

Where such expenditure is for meals, entertainment or transportation, said expenditure shall be identified by the date, place, amount, and names of all persons in the group partaking in, or of, such meal, entertainment, or transportation. See Chapter 38 of the City Ordinances or M.G.L. Ch. 3, § 47. If more space is required please file an attachment with this report.

Date	*Person Receiving Benefit*	*Type of expenditure*	*Purpose of Expense*	*Amount*
A. TOTAL ITEMIZED : If none, enter "n/a". Do not leave blank				
B. UNDER $35.00 UNITEMIZED TOTAL: A Lobbyist Entity or Client shall not be required to itemize the expenditures of any one (1) day in which the amount incurred or paid does not exceed a total of one hundred dollars ($100). Please state here the total of all such expenditures. If none, enter "n/a". Do not leave blank.				
TOTAL EXPENDITURES: (Add A + B above) if none, enter "n/a". Do not leave blank				
C. TOTAL SALARIES AND/OR RETAINERS FROM FRONT: If none, enter "n/a". Do not leave blank.				
GRAND TOTAL: (Add A+B+C) If none, enter "n/a". Do not leave blank				