

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

# 2021 Grassroots Lobbying Report

To be completed by Registered Lobbyist or Purchaser

#### Instructions

*Grassroots lobbying defined.* "Grassroots lobbying" means to communicate with members of the general public to solicit them to communicate directly with any covered official for the purpose of influencing legislative action, other than legislation that is before the Legislature as a result of a direct initiative, when that solicitation is made by:

- A. A broadcast, cable or satellite transmission;
- B. A communication delivered by print media;
- C. A letter or other written communication delivered by mail or by comparable delivery service;
- D. A communication delivered by e-mail, a website or any other digital format;
- E. Telephone; or
- F. A method of communication similar to those listed in paragraphs A to E.

"Grassroots lobbying" does not include a person communicating with the person's stockholders, employees, board members, officers or dues-paying members.

*Covered official defined.* "Covered official" means an official in the executive branch, an official in the legislative branch, a constitutional officer, the Governor and the Governor's cabinet and staff.

*Threshold.* When an expenditure for grassroots lobbying exceeds \$2,000, the purchaser or, if the purchaser has a registered lobbyist then, the lobbyist shall file this grassroots lobbying report.

# **Filing Schedule**

Place a  $\checkmark$  on the row for the report period in which the expenditure was made.

•	Report Name	Due Date	Report Period
	December Lobbyist Report	January 15, 2021	December 1 – December 31
	January Lobbyist Report	February 16, 2021	January 1 – January 31
	February Lobbyist Report	March 15, 2021	February 1 – February 28
	March Lobbyist Report	April 15, 2021	March 1 – March 31
	April Lobbyist Report	May 17, 2021	April 1 – April 30
	May Lobbyist Report	June 15, 2021	May 1 – May 31
	June Lobbyist Report	July 15, 2021	June 1 – June 30
	July Lobbyist Report	August 16, 2021	July 1 – July 31
	August Lobbyist Report	September 15, 2021	August 1 – August 31
	September Lobbyist Report	October 15, 2021	September 1 – September 30
	October Lobbyist Report	November 15, 2021	October 1 – October 31
	November Lobbyist Report	December 15, 2021	November 1 – November 30

Person Required to Complete Form						
Place a ✓ in one of the boxes labeled A1, A2, or A3						
A1	I am filing this report as a registered lobbyist on behalf of a lobbying client					
A2	I am filing this report as a registered lobbyist on behalf of myself, a lobbyist associate, or a lobbying firm					
A3	I am filing this report on behalf of a person, including a corporation or non-profit, who does not have a registered lobbyist					
	Lo	bbyist Info	ormation			
Complete c	nly if you checked boxes A1 or A2.					
Full Name		Firm				
Mailing Address	Mailing Address					
City		State		Zip		
City	ity			Zip		
Email	Email			Fax		
Purchaser or Client Information						
Complete only if you checked boxes A1 or A3.						
Purchaser / Clie	nt	Contact Person				
Mailing Address	1					
City		State		Zip		
Email		Phone		Fax		
Description of b	Description of business activity or mission of the Purchaser / Client					
	Legislative Actions					
List all Legislative Actions that are the subject of the grassroots lobbying. Attach additional pages as needed.						
L.D. / L.R.	/ L.R. Title				Support /	
Numbers					Oppose	

## **Original Sources**

Any person who pays \$1,000 or more in a lobbying year payments of membership dues to non-profit corporation corporation or limited partnership, then that organization	is is an origina	al source. If an original so	urce is a for-profit or non-profit
Complete this section if any funds were received by the grassroots lobbying activity. Attach additional pages as		red to complete this report	for the purpose of the reported
Name of Source		Amount Contributed	
Mailing Address			
City	State		Zip
Name of Source		Amount Contributed	
Mailing Address			
City	State		Zip
Name of Source		Amount Contributed	·
Mailing Address			
City	State		Zip
Name of Source		Amount Contributed	
Mailing Address			
City	State		Zip
	Total Expen	ditures	
List the total expenditures in aggregate incurred in the c	alendar mont	h for grassroot lobbying (to	b be itemized on Schedule A).
Amount			
	Certifica	tion	
I,, affirm t	hat the inform	ation contained in this rep	ort is true and complete
Name and that no information is knowingly withheld to the bes	st of my know	ledge.	
Name		Date	
The Principal Lobbyist and/or Purchaser and their agen Unsworn falsification is a Class D crime (17-A M.R.S.A.	ts are liable fo § 453)	or any violations of the Lob	byist Disclosure Law

## SCHEDULE A Grassroots Lobbying Expenditures

- Enter all expenditures made to influence the Legislative Actions by grassroots lobbying listed on page 2.
- The Expenditure Type Codes are listed in the below chart
- The Remarks section is to provide a more detailed description of the purchase. (For the LIT code the Remarks could be "Purchase of flyers to be distributed door-to-door by volunteers.")
- Duplicate as needed.

	EXPENDITURE TYPE CODES						
LIT			POL	Polling and survey research			
MHS	Mail I posta	house and direct mail (design, printing, mailing, and POS Postage for US Mail and mailbox fees					
ONL		al medial and online advertising only		PRO	Professional services (graphic design, legal services)	rvices, web design)	
OTH	Other		RAD	Radio ads and production costs only			
PER	Perso			TV/Cable ads, production, and media buyer co	sts only		
PHO		es (phone banking, robocalls, and texts)		WEB	Website and internet costs (website domain an	d registration, etc.)	
Date		Payee Name				Amount	
		Mailing Address					
Code Type	9	City S	itate		Zip		
		Remarks (Required)				-	
Date		Payee Name				Amount	
		Mailing Address					
Code Type	Э	City S	itate		Zip		
		Remarks (Required)			·		
_							
Date		Payee Name				Amount	
		Mailing Address					
Code Type	9	City S	state		Zip		
		Remarks (Required)					
Date		Payee Name				Amount	
Date		rayee Name				Amount	
		Mailing Address					
		Walling Address					
Code Type	2	City S	itate		Zip		
0000 1990	-				P		
		Remarks (Required)					
Date		Payee Name				Amount	
		Mailing Address					
Code Type	Э	City S	itate		Zip		
		Remarks (Required)					
I		1					
Total expenditures this page only $\Rightarrow$							