

OFFICE OF THE MINNESOTA STATE AUDITOR
1996 LOCAL GOVERNMENT LOBBYING EXPENDITURES REPORTING FORM

Name of Entity: _____ Person Completing Form: _____
 Address: _____
 (Please Print or Type)
 City, Zip Code: _____ Phone Number: _____

Please List All Contract Lobbyists Retained by the Political Subdivision

Name of Contract Lobbyist	Firm Name/Address	Total Amount of 1996 Contract	Total Amount of Expense Reimbursements Paid During 1996
_____	_____	_____	_____
_____	_____	_____	_____

**Please List All Employees Who Spend Over 25 Percent Of Their Time
During The Legislative Session On Legislative Matters**

Name of Employee	1996 Annual Salary	1996 Annual Expenses	Estimated Annual (1996) Cost of Employee's Benefits	Percent of Employee's Annual (1996) Time Spent Lobbying	Amount of Employee's 1996 Expenses Related to Lobbying
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby certify to the best of my knowledge the information provided on this form is accurate and complete.

Name of the senior elected or appointed official (please type or print): _____

Signature of the senior elected or appointed official: _____ Date: _____

**INSTRUCTIONS FOR COMPLETING 1996 LOCAL GOVERNMENT
LOBBYING EXPENDITURES REPORTING FORM**

These instructions are intended to assist you in completing the 1996 Local Government Lobbying Expenditures Reporting Form that is required by Minnesota Statutes § 6.76. While we are asking you to report the total annual salaries and benefits of individual employees who meet the criteria expressed in Chapter 6.76, we are also asking that you estimate the percentage of the employee's time throughout the year that is spent on activities related to lobbying the state.

REPORTING EXPENDITURES FOR CONTRACT LOBBYISTS

Please identify all contract lobbyists retained by your local government and indicate the total amount paid to that individual or firm for lobbying the legislature and/or state administrative agencies, including the amount paid for expenses of that individual or firm. For purposes of this reporting form, a contract lobbyist is any individual or firm, excluding employees of the local government, that meets the definition of a lobbyist as defined in Minnesota Statutes § 10A.01, subdivision 11. **Expenditures for Contract Lobbyists do not include dues paid to local government associations that are formed for purposes that extend beyond representing their membership before the legislature and state administrative agencies (e.g. League of Cities, Association of Counties, Minnesota School Boards Associations, etc.).**

**REPORTING EXPENDITURES FOR EMPLOYEES
OF THE LOCAL GOVERNMENT**

Please identify all employees of the local government who spend more than 25 percent of their time during the legislative session on legislative matters. For each employee listed, provide the employee's estimated **annual** salary, the employee's estimated **annual** expense reimbursements, and the estimated **annual** cost of benefits (health, dental, and employer-paid life insurance and retirement benefits, including employer-paid FICA) for the employee. In addition, estimate the percent of the employee's **annual** time that is spent lobbying the state legislature and/or state administrative agencies. When estimating the percent of time spent lobbying, please include time spent preparing for legislative sessions, addressing legislative-related issues with local officials, legislators, state agency staff, other local government representatives, local citizens, and other interested organizations. Be sure to include in your estimate the time spent working with state administrative agencies on the development and implementation of administrative rules for programs and policies that affect local governments. Also, estimate the amount of employee expense reimbursements that are related to lobbying the legislature and/or state agencies.

REQUIRED SIGNATURE

Please have the form signed by the senior elected or administrative official of your local government. In addition to the signature of the senior elected or administrative official, please provide the name and phone number of the individual who should be contacted if we have questions related to the information provided on this form.

Thank you for your assistance in this matter. Please make copies of this form if you need additional space to complete this form. If you submit more than one page of information, please indicate on each page the total number of pages submitted.