

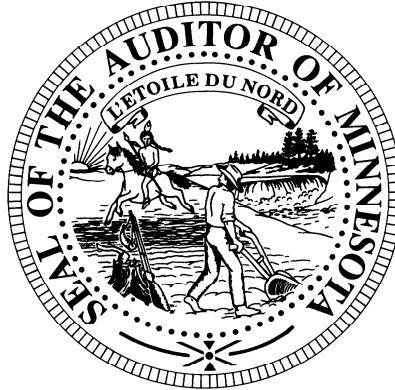
## **Appendix A**

**Office of the State Auditor  
2000 Local Government Lobbying Expenditure Reporting Form**

This page left blank intentionally

# Office of the State Auditor

## Local Government Lobbying Reporting Form



Office of the State Auditor  
 Suite 400, 525 Park Street  
 St. Paul, Minnesota 55103  
 Phone: (651) 297-3678  
 Fax: (651) 282-2391  
 E-mail: gid@osa.state.mn.us  
 Web site: www.osa.state.mn.us

**Name of Entity** \_\_\_\_\_

**For the Year Ended December 31, 2000**

Please complete this form per Minn. Stat. Sec. 6.76  
 and return it by March 16th, 2001.

	Name	Title	Phone #	E-mail Address**
Primary Financial Officer*:	_____	_____	_____	_____
Form Preparer*:	_____	_____	_____	_____
Other**:	_____	_____	_____	_____
Other**:	_____	_____	_____	_____
Other**:	_____	_____	_____	_____
Other**:	_____	_____	_____	_____

Please send a printed copy of the 2000 Local Government Lobbying report.

\* Please supply all the information requested on these lines. If the Primary Financial Officer is the Form Preparer, only complete the Primary Financial Officer Line.

\*\* If you or any one else would like to be notified by e-mail when the 2000 Local Government Lobbying Report is posted on the State Auditor's web site, please clearly print or type the e-mail address(es) under the E-mail Address column above.

## 2000 Local Government Lobbying Expenditures Reporting Form

### Contract Lobbyists Retained by the Political Subdivision (DO NOT include association dues)

Name of Contract Lobbyist (Firm Name)	Address	Total Cost of Contract and Expense Reimbursements

### Employee Lobbying

*Please list all employees who spend over 25 percent of their time during the legislative session on legislative matters*

150

Name of Employee	(A) Salary in 2000	(B) Cost of Employee's Benefits	(C) Percent of Employee's Annual (2000) Time Spent Lobbying	(D) Expenses Related to Lobbying in 2000	Total Cost Of Employee's Lobbying Efforts ((A+B)*C)+D

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: \_\_\_\_\_