

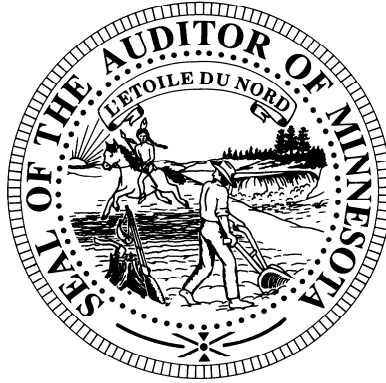
Appendix B

**Office of the State Auditor
2002 Local Government Lobbying Reporting Form**

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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, 2002

Please complete this form per Minn. Stat. Sec. 6.76
 and return it by January 31, 2003.

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

* 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 2002 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.

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2002 LOCAL GOVERNMENT LOBBYING EXPENDITURES REPORTING FORM

Name of Entity: _____	Person Completing Form: _____
Address: _____	<i>(Please Print or Type)</i>

City, Zip Code: _____	Phone Number: () _____
_____	Fax Number: () _____
	E-Mail: _____

Please List All Contract Lobbyists Retained by the Political Subdivision (DO NOT include association dues)

Name of Contract Lobbyist (Firm Name)	Address	Total Cost of 2002 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

Name of Employee	(A) Salary in 2002	(B) 2002 Cost of Employee's Benefits	(C) Percent of Employee's Annual (2002) Time Spent Lobbying	(D) Expenses Related to Lobbying in 2002	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: _____