

Form OR-ER Page 1 of 2
 Please type, print in ink or file on-line; attach additional pages if necessary.

Office use only
 File #



Elaine F. Marshall, Secretary of State
**Reportable Expenditures Made by Persons Exempted (See NCGS §120C-700)
 Or Otherwise Not Covered by NCGS §120C (See NCGS §120C-800)**

Incomplete reports will be rejected. Submit completed reports to the Department by one of the following methods: (1) by United States mail at Secretary of State, Post Office Box 29622, Raleigh, North Carolina 27626-0622, postmarked by the filing deadline; (2) in person or by a designated delivery service authorized pursuant to NCGS §1A-1, Rule 4, at Department of the Secretary of State, 2 South Salisbury Street, Raleigh, NC 27601-2903, by 5:00 PM of the filing deadline in the case of in-person delivery or postmarked by the United States Postal Service or other authorized delivery service in the case of mail delivery by the filing deadline; (3) electronically by electronic mail via the Internet site at lobbyistfiling@sosnc.com transmitted to the Department by 11:59 PM of the filing deadline (any document(s) attached to the filing other than the form or report must be compatible with or convertible to the most recently issued version of Microsoft Word®; see affidavit on Page 4 re: notarization); or (4) by facsimile received by the Department by 5:00 PM of the filing deadline, provided the original signed document is received by the Department within five business days following the Department's receipt of the faxed transmission; a faxed filing for which the original is not received within five business days following the Department's receipt of the faxed transmission is void.

Period: Quarter Ended _____

Legal Name of Donor Individual or Entity: _____

Name and Title of Authorized Representative of Donor Entity if applicable: _____

Mailing Address of Donor/Authorized Representative: _____

Physical Address of Donor/Authorized Representative: _____

Telephone of Donor/Authorized Representative: _____

Fax: _____ E-Mail Address: _____

Part I: Reportable Expenditures

Date	Description of Expenditure <small>(Indicate whether donor was outside North Carolina and whether donee was outside North Carolina at time expenditure was accepted)</small>	Designated Individual Accepting Expenditure	Exp. Code*	Amount

Total (Must enter total or "0") \$ _____

Expense Codes

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other
SC	Scholarship (Grant-In-Aid to Attend Conference, Meeting or Event)				

Form OR-ER Page 2 of 2
 Please type, print in ink or file on-line; attach additional pages if necessary.

Office use only
 File #

Part II: Scholarships

Date	Description of Conference, Meeting or Event <small>(In description of conference, meeting or event, indicate whether donor was outside North Carolina at time expenditure accepted)</small>	Designated Individual Accepting Scholarship	Exp. Code*	Amount

Total (Must enter total or "0") \$ _____

Expense Codes			
TL	Transportation and Lodging	FB	Food and Beverages
EN	Entertainment	ME	Meetings and Events
SC	Scholarship (Grant-In-Aid to Attend Conference, Meeting or Event)	GI	Gifts
		OT	Other

Part III: For Use By Designated Individual Filers Only

Full Name of Designated Individual/Public Servant: _____

Government Agency: _____ Title: _____

Business Address (Physical): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Part IV: Report Preparer's Identity/Signature (Rule 18 NCAC 12.0205)

Printed Full Name of Report Preparer: _____

Signature of Report Preparer: _____

Part V: Certification

I hereby certify that the information contained herein is to the best of my knowledge true, correct and complete.

Signature of Filer: Individual Donor Date
 (Check One) Authorized Representative for Donor Entity
 Designated Individual Donee

Printed Name/Title of Filer _____