

**LOBBYING DISCLOSURE
QUARTERLY EXPENSE REPORT/
AMENDED QUARTERLY EXPENSE REPORT
(Please Print or Type)**

21 STATEMENT AS TO INABILITY OR REFUSAL OF LOBBYIST/LOBBYING FIRM TO SIGN REPORT :

Use this statement for each lobbyist/lobbying firm that does not sign the report.

Filer's Registration No.

I, First Name MI Last Name

hereby state as follows:

A. This statement pertains to the attached (Check one):

- Quarterly Expense Report Amended Quarterly Expense Report

B. I am unable to secure the signature of the following lobbyist/lobbying firm as to the said attached report:

LOBBYIST/ LOBBYING FIRM IDENTIFICATION

Registration No.

Last Name First Name MI

LAST KNOWN BUSINESS ADDRESS

Address

City State ZIP

Daytime Telephone Fax #
[Format (xxx) xxx-xxxx] [Format (xxx) xxx-xxxx]

Email Address

C. I have attempted to obtain the required signature of the lobbyist/lobbying firm for the attached report through the following methods (Check and complete all that apply):

- Contact(s) with the lobbyist/lobbying firm by; Telephone Fax Mail Email Delivery Service;
 Personal contact(s) with the lobbyist/lobbying firm by myself, my employee, my attorney, or my agent;
 Contact with a family member, employee, or business associate of the lobbyist/lobbying firm; and/or
 Other (Specify).

D The reason(s) for my inability to obtain the lobbyist's/lobbying firm's signature for the attached report is/are

(Check and complete all that apply):

- Death of the lobbyist; Hospitalization or incapacitating illness (physical or mental) of the lobbyist/lobbying firm;
 Death, hospitalization or incapacitating illness (physical or mental) of an immediate family member of the lobbyist/lobbying firm;
 The present whereabouts of the lobbyist/lobbying firm are unknown;
 The lobbyist/lobbying firm has refused to sign the report;
 The lobbyist/lobbying firm has failed to respond to my attempts to contact him/her/it; and/or
 Other (Specify).

I affirm that the information set forth above is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).

Name (Type or Print): _____

Signature: _____ Date: _____

See attachment 21 for additional pages