## THE STATE OF MONTANA

**Commissioner of Political Practices** 

1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 Telephone: 406-444-2942 Fax Number: 406-444-1643

Website: www.politicalpractices.mt.gov



# **Memorandum Re Form L-1**

TO: All Applicants & Lobbyists

FROM: Jeff Mangan, Commissioner

**E-mail Addresses:** We communicate via email whenever possible. Be sure to provide an email address that you're sure will be checked regularly.

**Principal's Representative:** A Principal's representative (signing authority) should be familiar with the terms of the Principal's agreement with the Lobbyist. This person will personally file or supervise and approve the filing of the necessary lobbying reports on behalf of the Principal. The Principal's representative is the individual to whom important correspondence and inquiries from the Commissioner's office will be addressed.

#### THE STATE OF MONTANA

#### **Commissioner of Political Practices**

1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 Telephone: 406-444-2942

Fax Number: 406-444-1643

Website: www.politicalpractices.mt.gov

# Form L-1 Instruction (Revised 10/18) Lobbyist License Application To be filed by applicant with \$150 filing fee

# Who is required to file a Form L-1?

An individual who receives payments of \$2,650 or more in a calendar year (excluding reimbursements for personal living expenses) to promote, oppose, or modify the introduction or enactment of legislation on behalf of one or more Principals must complete and file a Form L-1.

# What information is to be reported?

The following information is required:

- applicant's full name, complete business mailing address, e-mail address, and phone number;
- each Principal's full name, complete business mailing address, full name of Principal's representative (signing authority) and the e-mail address and phone number of the Principal's representative;
- subjects of legislation the individual is authorized to lobby on behalf of each Principal; and
- date individual was employed to lobby on behalf of the Principal.

#### When must a Form L-1 be filed?

An applicant for a Lobbyist License must file a Form L-1 within five business days after entering into an oral or written agreement to receive payment(s) of \$2,650 or more or after receiving payment(s) of \$2,650 or more for the purpose of promoting, opposing, or modifying the introduction or enactment of legislation on behalf of the Principal or Principals.

### Where must a Form L-1 be filed?

- One copy is to be filed with the Commissioner of Political Practices at the address above with a \$150 filing fee.
- One copy is to be retained for the applicant's records.

Registration and licensure of a lobbyist is not complete until:

- An application (Form L-1) is filed;
- A fee of \$150 is paid; and
- An authorization statement (Form L-2) is filed by the principal.

#### Please note:

Licenses expire on December 31 of each even-numbered year, unless employment is terminated sooner.



# THE STATE OF MONTANA FOR OFFICE USE ONLY **Date Received and Postmark Date Commissioner of Political Practices** 1209 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 Telephone: 406-444-2942 Fax Number: 406-444-1643 Website: www.politicalpractices.mt.gov Form L-1 (Revised 11/20) **Lobbyist License Application** To be filed by applicant together with \$150 filing fee **Original Filing Amended Filing** Applicant Information (Please Print) **Full Name of Applicant** Applicant's Complete Business Mailing Address (Including City, State, Zip) Applicant's E-Mail Address **Applicant's Business Telephone Number** Principal Information (Please Print) **Full Name of Principal** Principal's Complete Business Mailing Address (Including City, State, Zip) Full Name of Principal's Representative (Signing Authority) E-Mail Address (Signing Authority) **Telephone Number** (Signing Authority) Subjects of Legislation applicant is authorized to Promote, Oppose, or Modify: Date individual was employed to lobby: \_ **CERTIFICATION** \_, certify that the information provided in this application Print Full Name of Applicant is complete and correct. I further certify that I am not prohibited from lobbying based on previous government

Check if additional Principals are listed on supplementary pages

Date

Signature of Applicant

service (see 5-7-310-MCA).

Addition	nal Principals PAGE
Principal Information (Please Print)	
Full Name of Principal	
Principal's Complete Business Mailing Address (Inc	cluding City, State, Zip)
Full Name of Principal's Representative (Signing Aut	thority)
E-Mail Address (Signing Authority)	Telephone Number (Signing Authority)
Subjects of Legislation applicant is authorized to Pr	romote, Oppose, or Modify:
Date individual was employed	d to lobby:
Principal Information (Please Print)	
Full Name of Principal	
Principal's Complete Business Mailing Address (Inc	cluding City, State, Zip)
Full Name of Principal's Representative (Signing Aut	thority)
E-Mail Address (Signing Authority)	Telephone Number (Signing Authority)
Subjects of Legislation applicant is authorized to P	Promote, Oppose, or Modify:
Date individual was employed	d to lobby:
Principal Information (Please Print)	
Full Name of Principal	
Principal's Complete Business Mailing Address (Inc	cluding City, State, Zip)
Full Name of Principal's Representative (Signing Aut	thority)
E-Mail Address (Signing Authority)	Telephone Number (Signing Authority)
Subjects of Legislation applicant is authorized to Promote, Oppose, or Modify:	
Date individual was employed	d to lobby:

Name of Applicant: