



## LOBBYING NOTIFICATION FORM

Fund Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Please Describe the Activity Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Total Hours: \_\_\_\_\_

Number of Hours Direct Lobbying: \_\_\_\_\_

Number of Hours Indirect Lobbying: \_\_\_\_\_

Please provide a completed copy of this form to Barb Charney, Accounting Associate, at [accounting@nonprofit-partners.org](mailto:accounting@nonprofit-partners.org)

An online version of this form can be found on our website at [non-profitpartners.org/forms-documents](http://non-profitpartners.org/forms-documents)