# LOBBYING SERVICES BILLING STATEMENT

Government Relations & Advocacy Services

**CLIENT / BILL TO**

**STATEMENT REFERENCE**

**Invoice Number:**

**Invoice Date:**

**Billing Period:**

**LD-2 Client ID:**

| DATE | CONSULTANT/LOBBYIST | DESCRIPTION OF PROFESSIONAL SERVICES / BILLABLE ACTIVITY | HOURS | RATE | TOTAL |
|---|---|---|---|---|---|
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| REIMBURSABLE EXPENSES (TRAVEL, LODGING, FILING FEES) | AMOUNT |
|---|---|
| | |
| | |
| | |

Services Subtotal:

Expenses Subtotal:

**Total Due (USD):**

**Compliance & Lobbying Disclosure Act (LDA) Certification:**

This statement reflects activities conducted in compliance with applicable federal, state, and local executive and legislative lobbying disclosure regulations. The professional fees and expenses detailed above are structured to comply with the rules and guidelines set forth under the Lobbying Disclosure Act (LDA) and the Honest Leadership and Open Government Act (HLOGA).

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE