



FEDERAL COMMUNICATIONS AND LOBBYING REPORT FORM

Use this form to provide information about your federal communications and lobbying activities and associated expenses. While not every contact reported on the form is a lobbying activity for purposes of Federal law, the university collects this data to ensure comprehensive and consistent reporting of lobbying activities and compliance with Federal tax laws applicable to the University.

I. Information about the Individual Making the Contact

Name: Title: Employee ID: Phone:
Email: Campus: Office/Department or College/School:

Name of Office of Government Relations Coordination Contact:

II. Information about the Federal Contact

Contact Date:
Name: Title: Federal Office:
Email: Phone:

Location of Contact (If in-person): (ex: Washington, D.C. or Denver, CO)

Length of stay related to the contact:

Was this contact part of conference/professional association activities you attended? Yes No

Subject Matter (include Bill Number if applicable, subject/topic discussed, action requested):

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III. Employee Time

List the amount of time that was spent preparing for and carrying out the federal contact by you as well as by any other University of Colorado employee. (Estimated Compensation Expense will be calculated by the Office of Government Relations based upon this information). More information on Federal Lobbying Activity can be found here.

Total time includes travel, preparation (efforts in support of lobbying contacts, including preparation and planning activities, research, and other background work that is intended for use in lobbying contacts), and actual lobbying time.

Name of Employee(s)	Employee ID	Estimated Time (in hours)
Prep Time	Travel Time	Lobbying Time

IV. Expenses

How was this contact paid for? Choose all that apply:

CU General Fund

CU Foundation

Other: _____

Please provide all expenses incurred to accomplish this contact (including travel).

Item	Amount
Office Supplies (including printing/copying costs)	
Travel:	
Air	
Other Transportation (Taxi, Mileage, Parking, etc.)	
Hotel	
Meals	
Other (describe)	
Total	

Please return the completed form by clicking SUBMIT or by clicking PRINT and emailing to:

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For more information, contact:

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