

Form ID	Lobbyist/Registrant	Organization/Firm	Employer	Reporting Period	Lobbyist Compensation	Total Expenses
A013118	Hogan, Patrick	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	02/08/21-04/30/21	\$1,400.00	\$1,400.00
A013119	Hogan, Patrick	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	05/01/21-06/04/21	\$233.33	\$233.33
A013125	Marczyk, Bernie	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	05/01/21-06/04/21	\$233.33	\$233.33
A013124	Marczyk, Bernie	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	02/08/21-04/30/21	\$1,400.00	\$1,400.00
A013120	Middleton, Thomas	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	02/08/21-04/30/21	\$1,400.00	\$1,400.00
A013121	Middleton, Thomas	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	05/01/21-06/04/21	\$233.33	\$233.33
A013132	Sanchez, Delora	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	02/08/21-04/30/21	\$2,800.00	\$2,800.00
A013133	Sanchez, Delora	Cornerstone Government Affairs	Baltimore County Public Library Board of Trustees	05/01/21-06/04/21	\$466.67	\$466.67

**\$8,166.66**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013118** Submission Date: **05/03/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Patrick John Hogan**

Business Phone: **410-204-1704**

Organization: **Cornerstone Government Affairs**

Cell Phone: **301-741-8590**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Patrick John Hogan

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:

**02/08/21-10/31/21**

Activity Report:

**Activity Report 1/2**

Reporting Period:

**02/08/21-04/30/21**

Termination Date:

**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**HB45/SB138**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$1,400.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$1,400.00**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

No

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

No

Total Ticket Expenses: \$0.00

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

No

Total Legislative Meeting Expenses: \$0.00

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

No

Total Speaking Engagement Expenses: \$0.00

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

No

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

No

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

No

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$1,400.00**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Patrick John Hogan**

Date Signed: **05/03/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013119** Submission Date: **07/08/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Patrick John Hogan**

Business Phone: **410-204-1704**

Organization: **Cornerstone Government Affairs**

Cell Phone: **301-741-8590**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Patrick John Hogan

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/21-10/31/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**General representation**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$233.33**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$233.33**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

**No**

#### **Tickets to Events**

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

### **Part D. Meals, Beverages and Related Expenditures**

#### **Meals and Beverages at Legislative Meetings**

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### **Meals and Beverages in Return for a Speaking Engagement**

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### **Meals and Beverages to Officials, Employees or their Immediate Families**

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

#### **Meals and Beverages to Elected Executive Officials or their Immediate Families**

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

### **Part E. Gift Expenditures**

#### **Gifts for Officials, Employees or their Immediate Families**

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

#### **Gifts Above the \$75 Threshold**

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$233.33**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Patrick John Hogan**

Date Signed: **07/08/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013120** Submission Date: **05/03/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Thomas Mac Middleton**

Business Phone: **301-848-0535**

Organization: **Cornerstone Government Affairs**

Cell Phone: **301-848-0535**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Thomas Mac Middleton

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 1/2**

Reporting Period:  
**02/08/21-04/30/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**HB45/SB138**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$1,400.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$1,400.00**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

No

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

No

Total Ticket Expenses: \$0.00

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

No

Total Legislative Meeting Expenses: \$0.00

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

No

Total Speaking Engagement Expenses: \$0.00

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

No

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

No

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

No

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$1,400.00**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Thomas Mac Middleton**

Date Signed: **05/03/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013121** Submission Date: **07/08/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Thomas Mac Middleton**

Business Phone: **301-848-0535**

Organization: **Cornerstone Government Affairs**

Cell Phone: **301-848-0535**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Thomas Mac Middleton

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/21-10/31/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?

**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**General Representation**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?

**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$233.33**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

**Part B. Total Compensation & Operating Expenses:**

**\$233.33**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

No

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

No

Total Ticket Expenses: \$0.00

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

No

Total Legislative Meeting Expenses: \$0.00

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

No

Total Speaking Engagement Expenses: \$0.00

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

No

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

No

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

No

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$233.33**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Thomas Mac Middleton**

Date Signed: **07/08/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013124** Submission Date: **05/03/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Bernie Marczyk**

Business Phone: **410-204-1707**

Organization: **Cornerstone Government Affairs**

Cell Phone: **202-744-8933**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: **Bernie Marczyk**

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 1/2**

Reporting Period:  
**02/08/21-04/30/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**HB45/SB138**

Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## Part B. Compensation and Operating Expenditures

Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$1,400.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$1,400.00**

## Part C. Event Expenditures

Sponsored Events

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

**No**

#### **Tickets to Events**

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

### **Part D. Meals, Beverages and Related Expenditures**

#### **Meals and Beverages at Legislative Meetings**

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### **Meals and Beverages in Return for a Speaking Engagement**

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### **Meals and Beverages to Officials, Employees or their Immediate Families**

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

#### **Meals and Beverages to Elected Executive Officials or their Immediate Families**

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

### **Part E. Gift Expenditures**

#### **Gifts for Officials, Employees or their Immediate Families**

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

#### **Gifts Above the \$75 Threshold**

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$1,400.00**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Bernie Marczyk**

Date Signed: **05/03/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013125** Submission Date: **07/08/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Bernie Marczyk**

Business Phone: **410-204-1707**

Organization: **Cornerstone Government Affairs**

Cell Phone: **202-744-8933**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Bernie Marczyk

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/21-10/31/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**General representation**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$233.33**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$233.33**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

**No**

#### **Tickets to Events**

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

### **Part D. Meals, Beverages and Related Expenditures**

#### **Meals and Beverages at Legislative Meetings**

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### **Meals and Beverages in Return for a Speaking Engagement**

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### **Meals and Beverages to Officials, Employees or their Immediate Families**

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

#### **Meals and Beverages to Elected Executive Officials or their Immediate Families**

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

### **Part E. Gift Expenditures**

#### **Gifts for Officials, Employees or their Immediate Families**

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

#### **Gifts Above the \$75 Threshold**

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$233.33**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Bernie Marczyk**

Date Signed: **07/08/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013132** Submission Date: **05/03/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Delora R Sanchez**

Business Phone: **410-458-6582**

Organization: **Cornerstone Government Affairs**

Cell Phone: **410-458-6582**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Delora R Sanchez

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 1/2**

Reporting Period:  
**02/08/21-04/30/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?  
**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**HB45/SB138**

Primary Purpose of the Organization

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?  
**No**

## Part B. Compensation and Operating Expenditures

Compensation to Lobbyist and Staff

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$2,800.00**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?  
**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?  
**Total Expenses: \$0.00**

Operating Expenses

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?  
**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?  
**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?  
**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?  
**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?  
**No**

Part B. Total Compensation & Operating Expenses:  
**\$2,800.00**

## Part C. Event Expenditures

Sponsored Events

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

No

#### Tickets to Events

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

No

Total Ticket Expenses: \$0.00

### Part D. Meals, Beverages and Related Expenditures

#### Meals and Beverages at Legislative Meetings

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

No

Total Legislative Meeting Expenses: \$0.00

#### Meals and Beverages in Return for a Speaking Engagement

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

No

Total Speaking Engagement Expenses: \$0.00

#### Meals and Beverages to Officials, Employees or their Immediate Families

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

No

#### Meals and Beverages to Elected Executive Officials or their Immediate Families

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

No

### Part E. Gift Expenditures

#### Gifts for Officials, Employees or their Immediate Families

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

No

#### Gifts Above the \$75 Threshold

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$2,800.00**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Delora R Sanchez**

Date Signed: **05/03/2021**



## Activity Report

Maryland State Ethics Commission | 45 Calvert Street, 3rd Floor, Annapolis, Maryland 21401

Form ID: **A013133** Submission Date: **07/08/21**

### Part A. General Information

#### Identification of Registrant / Regulated Lobbyist

A1. Identify the registrant that conducted lobbying activities during the reporting period.

##### Individual Registrant

Name of Registrant: **Delora R Sanchez**

Business Phone: **410-458-6582**

Organization: **Cornerstone Government Affairs**

Cell Phone: **410-458-6582**

Address: **2 Francis Street, Annapolis, MD, 21401**

A2. Was any other individual required to register as a lobbyist on behalf of the registrant: Delora R Sanchez

**No**

#### Identification of Employer

A3. Identify the employer that compensated the registrant for lobbying activities during the reporting period.

##### Employer of Registrant

Organization: **Baltimore County Public Library Board of Trustees**

Website:

Nature of Business: **Library Operations System**

Phone: **410-887-6160**

Address: **320 York Road, Towson, MD, 21204**

A4. Does your employer claim an exemption from filing its own registration and activity reports?

**Yes, Exempt**

A5. Did you represent any other entity with regard to the matters covered by registration to this employer?

**No**

#### Reporting Period

A6. State the registration period during which you represent your employer and the reporting period for which this activity report is effective. If you terminate services with your employer anytime before the conclusion of the reporting period, you must include a termination date.

Registration Period:  
**02/08/21-10/31/21**

Activity Report:  
**Activity Report 2/2**

Reporting Period:  
**05/01/21-10/31/21**

Termination Date:  
**06/04/2021**

#### Lobbying Subject Matters

A7. Identify the subject matters that pertain to lobbying activities conducted during the reporting period on behalf of your employer. You must identify at least one subject matter and you may select up to five.

#	Subject Matter	Description
1	Other	General Representation

A8. Did you engage in lobbying activity, to include but not limited to: supporting or opposing specific legislation, procurements or regulations?

**Yes**

Please provide more specific details (e.g. Senate or House bill numbers, procurement contracts, regulations and codes) for the matters on which you lobbied.

**General representation**

**Primary Purpose of the Organization**

A9. Is your employer organized for the primary purpose of attempting to influence any legislation or executive action?

**No**

## **Part B. Compensation and Operating Expenditures**

**Compensation to Lobbyist and Staff**

B1. What was the total compensation attributed to the registrant / lobbyist?

**Total Compensation: \$466.67**

B2. Was the amount prorated because the registrant / lobbyist was compensated for services in addition to lobbying activities?

**No**

B3. What was the total for salaries, compensation and reimbursed expenses paid to staff related to lobbying services for this employer?

**Total Expenses: \$0.00**

**Operating Expenses**

B4. Did you or your employer incur any additional office expenses not reported above as "Compensation"?

**No**

B5. Did you or your employer incur any cost for professional and technical research and assistance not reported as "Compensation"?

**No**

B6. Did you or your employer incur any expenses for publications or other costs (Grassroots expenses) related to expressly encouraging persons to communicate with officials or employees?

**No**

B7. Did you pay any fee or incur any expenses for witnesses who were engaged to appear on behalf of your employer?

**No**

B8. Did you incur any other expenses for this employer not otherwise accounted for above?

**No**

**Part B. Total Compensation & Operating Expenses:**

**\$466.67**

## **Part C. Event Expenditures**

**Sponsored Events**

C1. Did you or your employer incur expenses for special events, including dinners and receptions, entertainment and other functions to which all members of the General Assembly, either house thereof, all members of any standing committee or all members of a formally recognized county or regional delegation have received written invitations.

**No**

#### **Tickets to Events**

C2. Did you or your employer incur any expense for a ticket or free admission for any members of the General Assembly to attend charitable, cultural or political events?

**No**

Total Ticket Expenses: **\$0.00**

### **Part D. Meals, Beverages and Related Expenditures**

#### **Meals and Beverages at Legislative Meetings**

D1. Did you or your employer incur any expenses for food and beverages received by any member(s) of the General Assembly at approved legislative organization meetings?

**No**

Total Legislative Meeting Expenses: **\$0.00**

#### **Meals and Beverages in Return for a Speaking Engagement**

D2. Did you or your employer incur any expenses for food, lodging, or scheduled entertainment of officials and employees for a meeting which were given in return for participation in a panel or speaking engagement at a meeting?

**No**

Total Speaking Engagement Expenses: **\$0.00**

#### **Meals and Beverages to Officials, Employees or their Immediate Families**

D3. Did you or your employer provide any meals and beverages for officials or employees or their immediate families, not reported above?

**No**

#### **Meals and Beverages to Elected Executive Officials or their Immediate Families**

D4. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts of meals and beverages to elected Executive Officials or a member of the official's immediate family? Immediate family members include a spouse and any dependent children.

**No**

### **Part E. Gift Expenditures**

#### **Gifts for Officials, Employees or their Immediate Families**

E1. Did you or your employer give any gifts to or for officials or employees or their immediate families, which were not reported elsewhere in this activity report? If so, enter the total amount for all gifts

**No**

#### **Gifts Above the \$75 Threshold**

E2. Did your employer, or you on behalf of your employer give any gifts or participate in the giving of any gifts to officials, employees or their immediate family members that meets a cumulative value of \$75 or more? Or have you provided individually to legislators, any tickets or free admission to events, with a cumulative value of \$100 or more?



No

Total Expenditures during Reporting Period:  
**\$466.67**

**Affirmation Provision**

Submission of this activity report is required to be made under oath or affirmation. The oath or affirmation shall be confirmed by electronic signature, which is made expressly under penalties for perjury, to the same extent as an oath or affirmation made before an individual authorized to administer oaths.

I have read the disclaimer above and hereby swear and affirm that the information contained in this report is complete and accurate to the best of my knowledge and belief.

Electronic Signature: **Delora R Sanchez**

Date Signed: **07/08/2021**