**THE PRINCE GEORGE'S COUNTY GOVERNMENT**
**OFFICE OF ETHICS AND ACCOUNTABILITY**

# LOBBYIST ANNUAL REPORT

REPORTING PERIOD: January, 01 2017, through December, 31 2017

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## Contact Information

Name
**Boaz Young-El**

Email
**apate@local400.org**

Phone
**(301) 459-3400**

Address
**8400 Corporate Drive Suite 200**
**Landover, Maryland 20785**
**United States**

## Reporting Period

Reporting Period Start Date
1/1/2017

Reporting Period End Date
12/31/2017

## Lobbyist Information

Firm/Individual?
Firm

If the registrant is a firm, identify all persons from the firm who represented the employer in the subject matters

The employer is to be exempt from lobbyist registration and reporting because all expenditures requiring registration are reported by the registrant alone or with other registrants.
No

Lobbying Matters
Paid sick days, campaign financing, collective bargaining, health care, work labor and employment, zoning rewrite

## Lobbyist Employer Information

Employer's Name
Mark Federici

Employer's Title
President

Employer's Company Name
United Food and Commercial Workers Union Local 400

Employer's Phone
(301) 459-3400

Employer's Email
apate@local400.org

Employer's Address
8400 Corporate Drive, Suite 200
Landover, MD 20785

Employer's Nature of Business
Union

Employment Start Date
1/1/2017

Employment End Date
6/30/2017

## Compensation and Expenses

Do you have any reportable compensation or expenses during the reporting period?
Yes

| | |
|---|---|
| Expenditures A - Compensation($)<br>$1,448.83 | Expenditures B - Expenses($)<br>$0.00 |
| Expenditures C - Research and Assistance ($)<br>$0.00 | Expenditures D - Publications($)<br>$0.00 |
| Expenditures E - Paid to witnesses($)<br>$0.00 | Expenditures F - Meals and beverages($)<br>$0.00 |
| Expenditures G - Special events($)<br>$0.00 | Expenditures H - Meetings($)<br>$0.00 |
| Expenditures I - Other gifts($)<br>$0.00 | Expenditures J - Other expenses($)<br>$0.00 |

### List of Beneficiaries

| | |
|---|---|
| Name of Beneficiary | Date |
| Title or Position | Value($) |
| Nature | |
| Name of Beneficiary | Date |
| Title or Position | Value($) |
| Nature | |
| Name of Beneficiary | Date |
| Title or Position | Value($) |
| Nature | |
| Name of Beneficiary | Date |
| Title or Position | Value($) |
| Nature | |

## Electronic Signature

✓

"I solemnly swear or affirm under the penalties of perjury that the contents of this report, including any attachments, are complete, true and correct to the best of my knowledge, information, and belief. I further agree that my use of a computer, key pad, mouse or other electronic device to sign and or submit this document constitutes my signature as if actually signed by me, is the legal equivalent of my manual signature, and constitutes my certification that the statements herein are true and accurate."

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