



Elaine F. Marshall, Secretary of State
2018 Monthly Principal Expense Report Form

Amended Report: (Check if amending previously filed report.)

Original Report Tracking

PERIOD: Monthly: August 2018

Reportable monthly expenses incurred during the months of March, June or September should be reported on your quarterly expense reports.

Complete Name of Principal: SAS Institute Inc.

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period pursuant to G.S. §120C-403(b)(6).

Name(s) of All Lobbyist(s) as Registered: Kerry Swearingen, Brandon Greife, Sarah Newton, Heather Cox, Mary Jennings, Amy Fulk, Thomas Wayne Sevier, Jr., Laura F. Puryear, John Thompson, Tracy W. Kimbrell, Nathan Babcock, Tom Apodaca

Include all lobbyists registered during any portion of this reporting period, including interim resignations/terminations.

- I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR
- I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS §132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C-401(b1).

*Expense Codes

TL	Transportation and Lodging	FB	Food and Beverages	GI	Gifts
EN	Entertainment	ME	Meetings and Events	OT	Other

Section A. Principal Made Directly

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	Exp. Code (see above)	Amount
8-9-18	ALEC State Night, Mardi Gras World, New Orleans, LA (Each attending designated individual received food/beverage valued at an average of \$90.83)	19 members/staff of NC General Assembly that attended NC State Night	FB	\$35.22
8-9-18	ALEC State Night, Mardi Gras World, New Orleans, LA (Each attending designated individual received food/beverage valued at an average of \$90.83)	12 guests of General Assembly Members/Staff	FB	\$22.24
8-9-18	ALEC State Night, Mardi Gras World, New Orleans, LA. (Facility Fee at an average of \$54.50 per person)	19 members/staff of NC General Assembly that attended NC State Night	ME	\$21.13
8-9-18	ALEC State Night, Mardi Gras World, New Orleans, LA. (Facility Fee at an average of \$54.50 per person)	12 guests of General Assembly Members/Staff	ME	\$13.35
8-9-18	ALEC Reimbursement Fund, Arlington, VA. Funds ALEC Reimbursement Fund which reimburses DIs for ALEC Annual Meeting travel expenses.	Unknown. ALEC and not lobbyists or principals to determine recipients.	OT	\$300.00

This Period's Subtotal: (Must enter total or "0")

\$391.94

Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

Date	Description of Expenditure, Payee/Beneficiary and Address	Name of Lobbyist	↓ √	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
	N/A					

This Period's Subtotal (Must enter total or "0")

\$0.00

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

Effective Date (s)	Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship	Applicable Designated Individual ("D") or DI Immediate Family Member	Amount or Other Consideration (Value)
	N/A		\$

This Period's Subtotal (Must enter total or "0")

\$0.00

Part III: Solicitation of Others Exceeding \$3,000.00

Date (s) of Solicitation	Description of Solicitation	Payee/Beneficiary and Address	Expense Amount
	N/A		\$

This Period's Subtotal (Must enter total or "0")

\$0.00

PART V: CERTIFICATION AND NOTARIZATION

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

ALL BLANKS MUST BE COMPLETED WITH THE PRINTED NAME OF THE AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE THE REPORT TO CERTIFY THE REPORT IN THIS SECTION. FOR QUARTERLY REPORTS UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. **WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.**

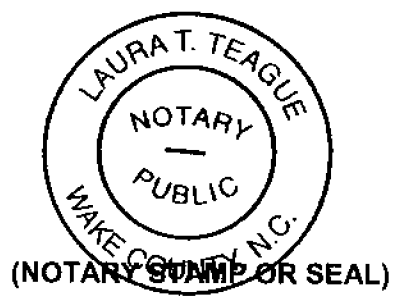
STATE OF North Carolina (Must be filled in)
COUNTY OF Wake (Must be filled in)

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Brian J. Zuercher Brian Zuercher
Signature of Authorized Officer Printed name of Authorized Officer
Date 9-12-18

Sworn to (or affirmed) and subscribed before me,
this 12th day of September, 2018.

Laura J. Teague
Signature of Notary Public
Laura T. Teague
Printed Name of Notary Public



My commission expires: 7-7-2021

Part VI: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: Myra A. Cottrill, State and Federal Communications, Inc.
Signature of Report Preparer:

MCottrill

Digitally signed by Myra A. Cottrill
DN: cn=Myra A. Cottrill, o=State and Federal Communications, Inc., ou=
email=mcottrill@stateandfed.com, c=US
Date: 2018.09.12 12:43:51 -0400

THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.