| LOBBYIST REGISTRATION | |
|---|--|
| | OFFICE USE ONLY |
| 1 SELECT APPROPRIATE TYPE OF FILING | Date Received |
| ORIGINAL APPLICATION | |
| AMENDED REGISTRATION | AFFIX DATE STAMP HERE |
| | ALLA DATE GLAWIT HENE |
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| | |
| 2 REGISTRANT NAME | 3 REGISTRANT PHONE |
| MS. / MRS. / MR. FIRST LAST SUFFIX | AREA CODE PHONE NUMBER EXTENSION |
| A DECICEDANT DEDMANIENT ADDRESS | E NATURE OF RECIETRANT BUSINESS |
| 4 REGISTRANT PERMANENT ADDRESS ADDRESS / P.O. BOX APT/STE CITY STATE ZIP | 5 NATURE OF REGISTRANT BUSINESS |
| | |
| 6 CLIENT NAME (only one client per form) | 7 CLIENT PHONE |
| MS. / MRS. / MR. FIRST LAST SUFFIX | AREA CODE PHONE NUMBER EXTENSION |
| | () - |
| 8 CLIENT PERMANENT ADDRESS ADDRESS / P.O. BOX APT/STE CITY STATE ZIP | 9 NATURE OF CLIENT BUSINESS |
| A HOLE CHI CHILE EM | |
| LOBBYIST FIRM NAME FOR WHICH REGISTRANT IS AN AGENT OR | EMPLOYEE WITH DESPECT TO THE CLIENT |
| 10 LOBBYIST FIRM NAME | 11 LOBBYIST FIRM PHONE |
| MS. / MRS. / MR. FIRST LAST SUFFIX | AREA CODE PHONE NUMBER EXTENSION |
| | () - |
| 12 LOBBYIST FIRM PERMANENT ADDRESS ADDRESS / P.O. BOX APT/STE CITY STATE ZIP | 13 NATURE OF LOBBYIST FIRM BUSINESS |
| | |
| EMPLOYEE / AGENT OF THE REGISTRANT WHO WILL ACT AS A LC | DREVIST ON REHALE OF THE CLIENT |
| 14 EMPLOYEE / AGENT NAME | 15 EMPLOYEE / AGENT PHONE |
| MS./MRS./MR. FIRST LAST SUFFIX | AREA CODE PHONE NUMBER EXTENSION |
| | () - |
| 16 EMPLOYEE / AGENT PERMANENT ADDRESS ADDRESS / P.O. BOX APT/STE CITY STATE ZIP | 17 EMPLOYEE / AGENT NATURE OF BUSINESS |
| | |
| 18 MUNICIPAL QUESTIONS ON WHICH REGISTRANT WILL LOBB | <u> </u> Y |
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| | |
| 19 SIGNATURE OF REGISTRANT | DATE OF REGISTRATION |
| | |
| | |
| 20 TO BE COMPLETED ON TERMINATION OF APPLICATION BY | · |
| SIGNATURE OF REGISTRANT | DATE OF TERMINATION |
| | |