LOBBYIST Check applicable box: New Registration	REGISTRATIO	ON STATEM		Cancel Registration
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Lobbyist or Lobbyist Organization Full Name:	Laura =	13 onar	20 000	44 007
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Business Address: Animal Protect	ction Voters,	PO BOX 1	1651	
city: Albuquerque	State: <u>// /</u>	1	Zip Code:	87192
Lobbyis	t Organization (Chairperson		
Chairperson Full Name: Elisabeth.	genning.	Executive	Directo	3 4
Chairperson Full Name: <u>Flisabeth</u> Telephone Number: (505) 264 -	5082			
Address: PO Box 11651				–
city: Albuquerque	State:	NM	Zip Code:_	87192
Lobbyi	st Organization	Treasurer		
Treasurer Full Name:	one			
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Lobbyist Organization's	s Bank and Che	king Accour	nt Inforn	nation
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All parties with Signature Author	ority for Lobbyis	t Organizati	on's Che	cking Account
Full Name: Elisabeth An	nne Jeunin	<u> </u>		
Full Name: Elisabeth Ar Telephone Number: (505) 264-5	082			
Address: PO Box /1651	MINISTER OF THE PROPERTY OF TH			
City: Albuguerque	State:/\/ \/ /		Zip Code:	87192
ν				Edmonds
Full Name: Arlene Engul Telephone Number: (505) 265-23	22 x 21	(505 \ 6	265-2322×21
Address: PO 330x 11651		·		
City: Ulbuguerque	State:	4	Zip Code:	87192

Employee Animal Pro	Employer. Animal Protection Voters					
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OFFICIAL ACTION FORM				
Lobbyist's	Permanent business	address		
Lobbyist or Lobbyist Organization Full Name:	Animal Prote	ection Voters		
Permanent Telephone Number:				
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		Zip Code: 87/92		
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Lobbyist Official Action	Bank and Checking	Account Information		
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All parties with Signature Author	rity for Lobbyist's Off	ficial Action Checking Account		
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<u> </u>	States	Zip Cate		
Full Name:				
Address:				
City:	State:	Zip Code:		
I understand that I must file an Annual Registrat	ion Renewal every twelve mon	ths after the date of this registration, as long		
as I continue to perform lobbyist activities, as de Ordinance. In the event any change occurs in	the above information, include	ling but not limited to, new official actions		
supported or opposed, I am required to notify the	City Clerk of changes within on	e month of such occurrence.		
I swear or affirm that the above	information is true and correct	to the best of my knowledge		
		-		
Signature LAURA BONIAR		Lanuary 5,2011		
Signature Signature	Date	() . 1		

LOBBYIST REGISTRATION STATEMENT Check applicable box: New Registration Cancel Registration **Permanent business address** Leslie King Lobbyist or Lobbyist Organization Full Name: Permanent Telephone Number: (505) 265-2322 × 26 Email address: LESLIE & APVNM. ORG Permanent Business Address: PO Box 11651 Albiquerque State: NM Zip Code: 87/92 Business address while lobbying or conducting lobbyist campaigning Business Address: Animal Protection Voters, PO Box 11651 **Lobbyist Organization Chairperson** Chairperson Full Name: Elisabeth denning, Executive Director PO 930x 11651 Albuquerque State: NM Zip Code: 87192 **Lobbyist Organization Treasurer** None Treasurer Full Name:___ Telephone Number: State: Zip Code: Lobbyist Organization's Bank and Checking Account Information Bank of The West 5301 Central Huenue NE City: Albuquergue State: NM Zip Code: 87/08-1514 All parties with Signature Authority for Lobbyist Organization's Checking Account Full Name: Elisabeth Anne Jennings
Telephone Number: (505) 264-5082 PO Box 11651 Hebuquerque State: NM Zip Code: 87/92 Full Name: Arlene Engel and Latieia Edmonds Telephone Number: $(505)265.2322 \times 21$ (505)265-2322×21 Same Uddress Address: PO BOX 11651 City: Albuquerque State: NM Zip Code: 87192

LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** Animal Protection Voters PO 930x 11651 Albuquerque State: **Zip Code:** 87/92 NM Address:___ City:___ ______ State:____ Zip Code:_____ Employer:___ Address:____ ______ State:______ Zip Code:_____ Address:___ ______ State:______ Zip Code:_____ City:___ Employer:__ Address: ______ State:___ _____ Zip Code:___ Employer:__ Address:____ ______ State:______ Zip Code:___ Address:____ ______ State:______ Zip Code:____ City:____ For additional employers, use a second form and attach to original.

OFFICIAL ACTION FORM				
Lobbyis	st's Permanent business	address		
Lobbyist or Lobbyist Organization Full Name:	: Unimal Protects	in Voters		
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All parties with Signature Aut	thority for Lobbyist's Offi	icial Action Checking Account		
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I swear or affirm that the sky	ove information is true and correct to	n the heet of my knowledge		
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