



Lobbyist Reporting Form

Office Use Only

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 2-3-4;
- 2) Amend or update registration information previously provided in accordance with City Code Section 2-3-4;
- 3) Terminate registration as a lobbyist per City Code Section 2-3-4;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 2-3-4 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 2-3-4, this form must be filled out for each individual lobbyist employed by the entity.

For assistance filling out this form, please contact the City Clerk's office.

*****FOR BEST RESULTS, PLEASE USE ADOBE READER OR ADOBE ACROBAT WHEN FILLING OUT THE FORM.*****

LOBBYIST NAME	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">Title <input type="text"/></div> <div style="width: 45%;">First Name* <input type="text"/></div> <div style="width: 25%;">Middle <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;">Last Name* <input type="text"/></div> <div style="width: 35%;">Suffix <input type="text"/></div> </div> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>
EMPLOYING ENTITY	<p>My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</p> <p>Entity/Organization Name* <input style="width: 100%;" type="text"/></p>
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Permanent Business Street Address* <input type="text"/></div> <div style="width: 35%;">Apartment or Suite Number <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">City* <input type="text"/></div> <div style="width: 20%;">State* <input type="text"/></div> <div style="width: 45%;">Zip Code* <input type="text"/></div> </div>
LOBBYIST BUSINESS MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Business Mailing Address* <input type="text"/></div> <div style="width: 35%;">Apartment or Suite Number <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">City* <input type="text"/></div> <div style="width: 20%;">State* <input type="text"/></div> <div style="width: 45%;">Zip Code* <input type="text"/></div> </div>

**LOBBYIST BANK
ACCOUNT
INFORMATION**

Bank Name*

Bank Address

Individuals with Signature Authorization*



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REPORT TYPE *

Check all that apply

- I am registering as a new lobbyist

- I am renewing my annual lobbyist registration

- I am updating my current registration information of my most recent Quarterly Activity Report

- I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
 - January April July October

- I am correcting the information provided on a previously filed report
 - Previous Report Type: Previous Report Date

- I am terminating my Lobbyist Registration with the City of Albuquerque and this report is my final activity report.



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Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each official action
- 2) the subject matter(s) from the list of subjects below that apply to the specific official action

A separate registration shall be filed for each official action (§ 2-3-4 (E)).

SPECIFIC DESCRIPTION OF THE OFFICIAL ACTION*

Client official action is being lobbied on behalf of*

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <div style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></div> | |

*Indicates a required field



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Section 3: Client

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, begin a new page 4. You may submit as many page 4 as necessary.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

*Indicates a required field



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Section 2: Employee

*Required for Lobbyist Registration, Termination,
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For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 2-3-4). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	<input type="checkbox"/> I employed or retained no employees during the applicable reporting period
PERSON EMPLOYED OR RETAINED	Title <input type="text"/> First Name* <input type="text"/> Middle <input type="text"/> Last Name* <input type="text"/> Suffix <input type="text"/> Employer* <input type="text"/> Occupation* <input type="text"/>
BUSINESS ADDRESS	Business Address* <input type="text"/> Apartment or Suite Number <input type="text"/> City* <input type="text"/> State* <input type="text"/> Zip Code* <input type="text"/>

*Indicates a required field



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Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



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Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 2-3-4).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§2-3-4).
- I made no Expenditures for lobbying during this activity period (§2-3-8).

No Activity Confirmation

I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



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Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§2-3-8).

**EXPENDITURE
TOTALS**

**(Blank values
will be interpreted as \$0)**

(§) Reimbursement to Others	<input type="text"/>
(§) Food and Beverages	<input type="text"/>
(§) Transportation and Lodging	<input type="text"/>
(§) Gifts (other than Awards and Mementos)	<input type="text"/>
(§) Entertainment	<input type="text"/>
(§) Awards and Mementos	<input type="text"/>
(§) Honorariums	<input type="text"/>
(§) Attendance of Council Members at Charitable Events or Fundraisers	<input type="text"/>
(§) Media Communications (broadcast, print, advertising, etc.)	<input type="text"/>
(§) Payments to persons who assist with Media Communications as	<input type="text"/>
(§) Other	<input type="text"/>
defined in §2-3-8(B)(1)(c)	

*Indicates a required field



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Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§2-3-8).

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME AND BUSINESS INTEREST	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Payee Title</td> <td style="border-bottom: 1px solid black;">Payee First Name*</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Organization Name or Payee Last Name, as applicable*</td> <td style="border-bottom: 1px solid black;">Payee Suffix</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> This payee is a business or business interest of a City Official</td> </tr> <tr> <td style="border-bottom: 1px solid black;">If yes, First Name of City Official</td> <td style="border-bottom: 1px solid black;">Last Name of City Official</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Department of City Official</td> <td style="border-bottom: 1px solid black;">Job Title of City Official</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	Payee Title	Payee First Name*			Organization Name or Payee Last Name, as applicable*	Payee Suffix			<input type="checkbox"/> This payee is a business or business interest of a City Official		If yes, First Name of City Official	Last Name of City Official			Department of City Official	Job Title of City Official		
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PAYEE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Payee Address/ PO Box*</td> <td style="border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State*</td> <td style="border-bottom: 1px solid black;">Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number			Payee City*	Payee State*	Payee Zip Code*											
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Payee City*	Payee State*	Payee Zip Code*																	
EXPENDITURE DETAILS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> <td style="width: 20%; border-bottom: 1px solid black;">Expenditure Date*</td> <td style="width: 50%; border-bottom: 1px solid black;">Category*</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Purpose of the Expenditure*</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	(\$) Expenditure Amount*	Expenditure Date*	Category*				Purpose of the Expenditure*											
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Purpose of the Expenditure*																			

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title

*Indicates a required field



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Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Article 3.

I understand that pursuant to the Albuquerque City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Typed Name

Report Date*

Electronic Submission and Signature

- I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.