

LOBBYIST REGISTRATION STATEMENT

Check applicable box: New Registration Amendment Annual Renewal Cancel Registration

Permanent business address

Lobbyist or Lobbyist Organization Full Name: Vanessa Alamed

Permanent Telephone Number: _____ Email address: _____

Permanent Business Address: _____

City: _____ State: _____ Zip Code: _____

Business address while lobbying or conducting lobbyist campaigning

Business Address: Alamed Consulting

City: Some is registered State: _____ Zip Code: _____

Lobbyist Organization Chairperson

Chairperson Full Name: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Lobbyist Organization Treasurer

Treasurer Full Name: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Lobbyist Organization's Bank and Checking Account Information

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account Number: _____

All parties with Signature Authority for Lobbyist Organization's Checking Account

Full Name: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Full Name: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LOBBYIST'S EMPLOYERS
Lobbyist's Employers Information

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

For additional employers, use a second form and attach to original.

RECEIVED
ALBUQUERQUE CITY CLERK

2019 NOV -8 PM 12:46

OFFICIAL ACTION FORM

Lobbyist's Permanent business address

Lobbyist or Lobbyist Organization Full Name: _____

Permanent Telephone Number: _____

Permanent Business Address: _____

City: _____ State: _____ Zip Code: _____

Official action the lobbyist or lobbyist organization supports or opposes

Lobbyist Official Action Bank and Checking Account Information

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account Number: _____

All parties with Signature Authority for Lobbyist's Official Action Checking Account

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

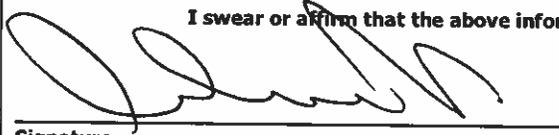
Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that I must file an Annual Registration Renewal every twelve months after the date of this registration, as long as I continue to perform lobbyist activities, as defined in the Lobbyist and Lobbyist Organization Registration and Disclosure Ordinance. In the event any change occurs in the above information, including but not limited to, new official actions supported or opposed, I am required to notify the City Clerk of changes within one month of such occurrence.

I swear or affirm that the above information is true and correct to the best of my knowledge



Signature

12/12/11
Date

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M BUCKLEBONE CITY CLERK

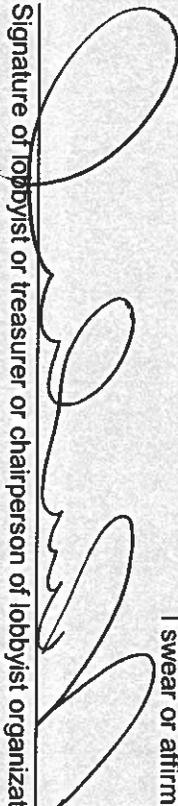
FINAL DISCLOSURE STATEMENT

Lobbyist: Wendy Clark

Official Action: _____

Statement number and date	1 st Statement Date	2 nd Statement Date	3 rd Statement Date	4 th Statement Date	5 th Statement Date	6 th Statement Date	TOTAL OF ALL STATEMENTS
Line 1: Contributions (Total from Page 2)							0
Line 2: Expenditures (Total from Page 3)							0
Line 3: TOTAL							0

All lobbying campaigning has ceased on or before the date of this statement as to the official action designated in the registration.
I swear or affirm that the above information is true and correct to the best of my knowledge.


 Signature of lobbyist or treasurer or chairperson of lobbyist organization

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 BURBANK CITY CLERK

Date 10/10/19

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