	T REGISTRATION		
Check applicable box: New Registration			Cancel Registration
	ermanent business ad		
obbylst or Lobbyist Organization Full Name			
ermanent Telephone Number: $505-2$	<u>62-6019</u> Email address:_	sandra, adov	idakisa, cancel
ermanent Business Address: 1050	Montgomery Blu	d NE #30	
v: Albuquerque	State: NM	Zip Code	<u>87111</u>
	le lobbying or conduct		npaigning
Isiness Address: 10501 Mont	-gomery BlVd	NE#300	
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## LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** A Merican Cancer Society Cancer Action Network Address: 10501 Montgomery Blvd NE #300 City: Albuquerque \_\_\_\_\_\_ Zip Code: <u>\$\frac{2}{///}</u> Employer:\_\_\_ Address:\_\_\_\_\_ City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_ Employer: Address:\_\_\_\_\_ City:\_\_\_\_ \_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_ Employer:\_\_ Address:\_\_\_\_ City:\_\_\_\_ \_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_ Employer:\_\_\_\_ City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Employer:\_\_\_\_ Address: State: Zip Code: City:\_\_\_\_ Employer:\_\_\_\_ Address: City:\_\_\_\_ State: Zip Code: For additional employers, use a second form and attach to original.

OFFICIAL ACTION FORM						
Lobbyist's Permanent business address						
Lobbyist or Lobbyist Organization Full Name: Sandra Adondakis						
Permanent Telephone Number: 505						
Permanent Business Address: 10501 No	lontoomery Blud	NE # 300				
city: Abnquerque	State: NM	7in Code: \$7-111				
-	-	tion supports or opposes				
Work on behalf of lobby is	temployer, ACS	CAN, to support evidence-				
based policy designed to eli	minate cancer as	amajor health problem.				
		*				
***************************************						
Lobbyist Official Action Bank and Checking Account Information						
•	-					
Name of Bank:						
Address:						
City:		Zip Code:				
Checking Account Number:						
All parties with Signature Auth	nority for Lobbyist's Of	ficial Action Checking Account				
Full Name:						
Address:						
City:		Zip Code:				
	The state of the s					
Full Name:		-				
Address:						
City:	State:	Zip Code:				
I understand that I must file an Annual Regist as I continue to perform lobbyist activities, as	ration Renewal every twelve modefined in the Lobbyist and Lob	nths after the date of this registration, as long byist Organization Registration and Disclosure				
Ordinance. In the event any change occurs supported or opposed, I am required to notify t	in the above information, inclu	iding but not limited to, new official actions				
I swear or affirm that the above information is true and correct to the best of my knowledge						
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Signature / /	/ Puis	0				

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