

# LOBBYIST REGISTRATION STATEMENT

Check applicable box:  New Registration  Amendment  Annual Renewal  Cancel Registration

## Permanent business address

Lobbyist or Lobbyist Organization Full Name: CHELSEY EVANS RECEIVED  
Permanent Telephone Number: 505 247 0393 Email address: C.EVANS@WORKINGAMERICA.ORG  
Permanent Business Address: 201 COAL AVE SW  
City: ALBUQUERQUE State: NM Zip Code: 87102

## Business address while lobbying or conducting lobbyist campaigning

Business Address: 201 COAL AVE SW  
City: ALBUQUERQUE State: NM Zip Code: 87102

## 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: WORKING AMERICA  
Address: 815 16<sup>TH</sup> ST NW  
City: WASHINGTON State: DC Zip Code: 20006

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.*

**OFFICIAL ACTION FORM**

**Lobbyist's Permanent business address**

Lobbyist or Lobbyist Organization Full Name: CHELSEY EVANS  
Permanent Telephone Number: 505 247 0333  
Permanent Business Address: 201 COAL AVE SW  
City: ALBUQUERQUE State: NM Zip Code: 87102

**Official action the lobbyist or lobbyist organization supports or opposes**

SUPPORTS EARNED SICK DAYS

**Lobbyist Official Action Bank and Checking Account Information**

Name of Bank: AMALGAMATED BANK OF CHICAGO  
Address: 1 WEST MONROE ST  
City: CHICAGO State: IL Zip Code: 60603  
Checking Account Number: [REDACTED]

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

Full Name: JAMES COBB JR.  
Address: 815 16<sup>TH</sup> ST NW  
City: WASHINGTON State: DC Zip Code: 20006  
Full Name: ELIZABETH TOWNE  
Address: 815 16<sup>TH</sup> ST NW  
City: WASHINGTON State: DC Zip Code: 20006

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

Date

[Handwritten Signature]

4/29/15