

LOBBYIST REGISTRATION STATEMENT

Check applicable box: ☐ New Registration ☐ Amendment ☒ Annual Renewal ☐ Cancel Registration

Permanent business address

Lobbyist or Lobbyist Organization Full Name: Phil Carter
Permanent Telephone Number: (505) 265-2322 Email address: _____
Permanent Business Address: PO Box 11651
City: Albuquerque State: NM Zip Code: 87192

Business address while lobbying or conducting lobbyist campaigning

Business Address: Animal Protection Voters PO Box 11651
City: Albuquerque State: NM Zip Code: 87192

Lobbyist Organization Chairperson

Chairperson Full Name: Elisabeth Jennings, Executive Director
Telephone Number: (505) 264-5082
Address: PO Box 11651
City: Albuquerque State: NM Zip Code: 87192

Lobbyist Organization Treasurer

Treasurer Full Name: None
Telephone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Lobbyist Organization's Bank and Checking Account Information

Name of Bank: Bank of the West
Address: 5301 Central Avenue NE
City: Albuquerque State: NM Zip Code: 87108-1514
Checking Account Number: 2870002384

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

Full Name: <u>Elisabeth Anne Jennings</u>	
Telephone Number: <u>(505) 264-5082</u>	
Address: <u>PO Box 11651</u>	
City: <u>Albuquerque</u> State: <u>NM</u> Zip Code: <u>87192</u>	
Full Name: <u>Daniel Abram</u>	<u>Arlene Engel</u>
Telephone Number: <u>(505) 265-2322 x 32</u>	<u>(505) 265-2322 x 21</u>
Address: <u>PO Box 11651</u>	<u>PO Box 11651</u>
City: <u>Albuquerque</u> State: <u>NM</u> Zip Code: <u>87192</u>	

LOBBYIST'S EMPLOYERS

Lobbyist's Employers Information

Employer: Animal Protection Voters, Inc.

Address: PO Box 11651

City: Albuquerque State: NM Zip Code: 87192

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.