LOBBYIST Check applicable box: M New Registration	Amendment	N STATEMENT	Cancel Registration
Per	manent business	address	
Lobbyist or Lobbyist Organization Full Name:	Colin L. H	unter	
Permanent Telephone Number: 505 27 S	3000 Email addres	ss: Coline t	he MF. CM
Permanent Business Address: 1905 (uvomine F	10d 108	
city: A3W	State:	Zip Code:	87112
Business address while	lobbying or condu	cting lobbyist cam	naigning
Business Address:			Paigining
City:	State:	71-0-1	
	st Organization Ch		
		_	
Chairperson Full Name: O A			
Telephone Number:			<u> </u>
Address:			
City:	State:	Zip Code:_	
	ist Organization T		
reasurer Full Name: 1			
elephone Number:			
Address:			
ity:	State:	Zip Code:_	
Lobbyist Organization's	s Bank and Checki	ng Account Inform	ation
ame of Bank: NA			
ddress:			
ty:			
necking Account Number:			
All parties with Signature Autho	rity for Lobbyist O	rganization's Cher	king Account
$\sim \sim 1 \Omega$			Anny Account
lephone Number:			
dress:			
у:			
	-	Zip Code:	
I Name:			
ephone Number:			
fress:			
	State:	Zip Code:	West

OFFICIAL ACTION FORM					
Lobbyist's Permanent business address					
Lobbyist or Lobbyist Organization Full Name: Colin L Hunter					
Permanent Telephone Number: 5	<u> </u>)			
Permanent Business Address: 90	05 Wyoming ?	Jud ne			
city: ABO	State: <u>\(\hat{\cappa}\) \(\mathcal{N}\)</u>	21p Code: 87113			
Official action the lobbyist or lobbyist organization supports or opposes					
deleter in the second s					
Lobbyist Officia	al Action Bank and Checki	ng Account Information			
Address:					
		Zip Code:			
Checking Account Number:					
		Official Action Checking Account			
		ometal Actount			
Full Name:					
Address:					
Town-organization-in-consequence or consequence or consequenc	scare:	Zip Code:			
Full Name:					
Address:					
City;	State:	Zip Code:			
Lunderstand that I must file on Annual					
understand that I must file an Annual Registration Renewal every twelve months after the date of this registration, as long is 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 upported or opposed, I am required to notify the City Clerk of changes within one month of such occurrence.					
swear or affirm that the above information is true and correct to the best of my knowledge					
	A	1-24/17			
ignature //	MANAGEM Militaria de la compania del la compania de la compania de la compania del la compania de la compania del la compan	16 ° (15)			

LOBBYIST'S EMPLOYERS Lobbyist's Employers Information					
Address: P.O. DOX 464					
city: Winston-Sclem	State: NE	zip Code: <u>2710</u> 7			
Employer: Eads/ Cassidian Address: 6801 baylord Parkway, Suita 365					
Address: 6801 Baylova Parl	LUMA LSUITA	505			
City: 1565	State: X	Zip Code: 15059			
Smalaver					
Employer:Address:		gen of magazing of the control of the state of the control of the			
City:		7in Code:			
		. Lip couci			
Employer:					
Address:					
City:	State:	Zip Code:			
Employer:					
Address:					
City:	State:	Zip Code:			
Frankrije					
Employer:					
Address:		**************************************			
	Jule,	Zip Code:			
Employer:					
Address:					
City:	State:	Zip Code:			
For additional employers, u	use a second form and attaci	h to original.			