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ty: <u>Albuguergue</u>	State: <u>/</u>	<u>'M</u> Zip	Code: 87192
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LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** Animal Protection Voters Po Box 11651 Address:___ Albuqueraux State: NM Zip Code: 87192 Address: ______ State:______ Zip Code:_____ Employer: Address: State:_____ Zip Code:_____ Employer:__ Address:____ State:_____Zip Code:_____ City:____ Address: City:___ State: Zip Code:_____ Employer:___ City:___ State: Zip Code: Employer:__ Address:____ State: Zip Code: City:___ For additional employers, use a second form and attach to original.

OFFICIAL ACTION FORM Lobbyist's Permanent business address					
Lobbyist or Lobbyist Organization Full N					
Permanent Telephone Number:	- (505)265-	2322			
Permanent Business Address:					
City: Albuquerque					
Official action the lo	bbyist or lobbyist org	anization suppor	ts or opposes		
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Address: 530162	utral ovenue Mt				
city: 18 buguerque	State:/ <u>\/</u>	M Zip Co	de: 87/08-1514		
Checking Account Number:					
All parties with Signature	Authority for Lobbyis	t's Official Action	Checking Account		
Full Name: <u>Elisabeth dr</u> Address: Po Boy 116:	ine fluningo				
Address: Boo Day 1163	5//				
City: Albuquerque	State: \(\times \lambda \) \(\times \)	Zip Co	de: 87/92		
Full Name: Daniel Abr					
Address: Po Box 1/6:	eeme				
Marcuss	2	A			
iny: Ulbriquerge	<u>CC</u> State: <u>/V №</u>	Zip Coc	le: <u>87/92</u>		
Arlene Engel					
Po Box 1/651 Alk	ruquerque, NM 87	7/92			
understand that I must file an Annual R	legistration Renewal every twel	ve months after the date	of this registration, as long		
Ordinance. In the event any change o	co, as defined in the Loboyist ar CCUrs in the above information	nd Lobbyist Organization	Registration and Disclosure		
upported or opposed, I am required to no	otify the City Clerk of changes w	ithin one month of such or	сситтепсе.		
I swear or affirm that the	e above information is true and	correct to the best of my l	annual atau		
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