		ON STATEMENT	
Check applicable box: New Registration	Amendment	Annual Renewal Cancel Registratio	n
Perma	nent business	s address	
Lobbyist or Lobbyist Organization Full Name:			_
Permanent Telephone Number:	Email addı	lress:	_
Permanent Business Address:			_
City:	State:	Zip Code:	_
Business address while lobbying or conducting lobbyist campaigning			
Business Address:			_
City:	State:	Zip Code:	_
Lobbyist Organization Chairperson			
Chairperson Full Name:			_
Telephone Number:			_
Address:			_
City:	State:	Zip Code:	_
Lobbyist Organization Treasurer			
Treasurer Full Name:			_
Telephone Number:			-
Address:		<del></del>	_
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:		<del>-</del>	-
Telephone Number:			-
Address:			-
City:	State:	Zip Code:	-

## **LOBBYIST'S EMPLOYERS Lobbyist's Employers Information** Employer:\_\_\_ Address:\_\_\_ \_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_ Employer:\_\_\_ Address: \_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Employer:\_\_\_\_ City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Address:\_\_\_\_\_ City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Address: \_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_ \_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_ For additional employers, use a second form and attach to original.

## **OFFICIAL ACTION FORM Lobbvist's Permanent business address** Lobbyist or Lobbyist Organization Full Name: Permanent Telephone Number:\_\_\_ Permanent Business Address: \_\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Official action the lobbyist or lobbyist organization supports or opposes **Lobbyist Official Action Bank and Checking Account Information** Name of Bank:\_\_\_ City:\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_ Checking Account Number:\_\_\_\_\_ All parties with Signature Authority for Lobbyist's Official Action Checking Account State: Zip Code: 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