LOBBYIST	REGISTRATION STA	TEMENT	- 194.	2
Check applicable box: Wew Registration	Amendment Ann	ual Renewal	Cancel Rec	istratio
Per	manent business addres	S		
Lobbyist or Lobbyist Organization Full Name:_	mickey D. t	sav ne H		
Permanent Telephone Number: 505 3	75 32 WEmail address: Mi	ckey @ 1	me bIF	. Con
Permanent Business Address: 1905	wyoming blud	ne		
city: ABQ	State: <u>NM</u>	Zip Code:	87113	
Business address while	lobbying or conducting l	obbyist camp	aigning	
Business Address:		•		
City:		7in Code:	Tim Co.d.	
	ist Organization Chairper			
	_			
Chairperson Full Name: 1				
Telephone Number:				
Address:				
City:				-
Lobby	yist Organization Treasur	er	*.**	
Treasurer Full Name: N/A				
Telephone Number:			몽상	ँ
Address:			10#A 1000	
City:	State:	Zip Code:	A STATE	.,,
Lobbyist Organization	's Bank and Checking Ac	count Inform	ation	G
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ull Name:				
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LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** Employer: RAI Services Company Address: D. O. BOX 464 city: Winston-Salem State: NC Zip Code: 27102 Employer:____ Address: State:_____Zip Code:____ Employer:____ Address: City:_____ State:_____ Zip Code:____ Address: State:_____ Zip Code:_____ City:____ Employer:____ State: Zip Code: Employer:__ Address:____ City:____ State: Zip Code: 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 Name: Mickey D. Cornett					
Permanent Telephone Number: 505.075.3200					
Permanent Business Address: 1905 Wyoming Blud NE					
city: ARC	nm	Zip Code: 87/17			
Official action the lobbyist or lobbyist organization supports or opposes					
Lobbyist Official Action	n Bank and Checking A	count Information			
Lobbyist Official Action	ii balik aliu cileckilig A	ccount Information			
Name of Bank:					
Address:					
City:	State:	Zip Code:			
Checking Account Number:	ober die 19 mart von 19 mart 1				
All parties with Signature Authority for Lobbyist's Official Action Checking Account					
Full Name:					
•					
Address:					
City:	State:	Zip Code:			
Fuil Name:					
Address:					
City:	State:	Zip Code:			
I understand that I must file an Annual Registra as I continue to perform lobbyist activities, as d					
Ordinance. In the event any change occurs in	n the above information, includi	ng 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					
mickey & Barnett	timospinisidetas	1.10.2014			
Signature U	Date				