

LOBBYIST REGISTRATION STATEMENT

Check applicable box: New Registration Amendment Annual Renewal Cancel Registration

Permanent business address

Lobbyist or Lobbyist Organization Full Name: Sandra Adondakis
Permanent Telephone Number: 505-262-6019 Email address: sandra.adondakis@cancer.org
Permanent Business Address: 8500 Menaul Blvd NE # A-500
City: Albuquerque State: NM Zip Code: 87112

Business address while lobbying or conducting lobbyist campaigning

Business Address: same
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: _____
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: _____
Telephone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

LOBBYIST'S EMPLOYERS

Lobbyist's Employers Information

Employer: American Cancer Society Cancer Action Network

Address: 8500 Menaul Blvd NE #A-500

City: Albuquerque State: NM Zip Code: 87112

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.

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OFFICIAL ACTION FORM

Lobbyist's Permanent business address

Lobbyist or Lobbyist Organization Full Name: _____

Permanent Telephone Number: _____

Permanent Business Address: _____

City: _____ State: _____ Zip Code: _____

Official action the lobbyist or lobbyist organization supports or opposes

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