**LOBBYIST REGISTRATION STATEMENT**

Check applicable box: ☑️ New Registration  ☐ Amendment  ☐ Annual Renewal  ☐ Cancel Registration

### Permanent business address

**Lobbyist or Lobbyist Organization Full Name:** Tom Rutherford  
Permanent Telephone Number: 505-265-1129  
Email address: tomrutherford@isufc.com  
Permanent Business Address: 1016 Monroe NE  
City: Albuquerque  
State: NM  
Zip Code: 87106

### Business address while lobbying or conducting lobbyist campaigning

Business Address: 1016 Monroe NE  
City: Albuquerque  
State: NM  
Zip Code: 87106

### Lobbyist Organization Chairperson

**Chairperson Full Name:** Tom Rutherford  
Telephone Number: as above  
Address:  
City:  
State:  
Zip Code: 

### Lobbyist Organization Treasurer

**Treasurer Full Name:** Tom Rutherford  
Telephone Number: as above  
Address:  
City:  
State:  
Zip Code: 

### Lobbyist Organization’s Bank and Checking Account Information

**Name of Bank:** Wells Fargo  
Address: 6600 Central NE (Albuquerque, NM)  
City: Albuquerque  
State: NM  
Zip Code: 87102  
Checking Account Number: [Redacted]

### All parties with Signature Authority for Lobbyist Organization’s Checking Account

**Full Name:** Tom Rutherford  
Telephone Number: as above  
Address:  
City:  
State:  
Zip Code: 

**Full Name:**  
Telephone Number:  
Address:  
City:  
State:  
Zip Code: 
# LOBBYIST'S EMPLOYERS

**Lobbyist's Employers Information**

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**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: ________________________________
Permanent Telephone Number: ________________________________
Permanent Business Address: ________________________________
City: ________________________________ State: ________________________________ Zip Code: ________________________________

Official action the lobbyist or lobbyist organization supports or opposes
Awarding of bid to BioPeptid

Lobbyist Official Action Bank and Checking Account Information
Name of Bank: ________________________________
Address: ________________________________
City: ________________________________ State: ________________________________ Zip Code: ________________________________
Checking Account Number: ________________________________

All parties with Signature Authority for Lobbyist’s Official Action Checking Account
Full Name: ____________________________________________
Address: ____________________________________________
City: ________________________________ State: ________________________________ Zip Code: ________________________________
Full Name: ____________________________________________
Address: ____________________________________________
City: ________________________________ 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