**LOBBYIST REGISTRATION STATEMENT**

Check applicable box: [ ] New Registration  [ ] Amendment  [ ] Annual Renewal  [ ] Cancel Registration

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### Permanent business address

Lobbyist or Lobbyist Organization Full Name: **Wake Gardner**
Permanent Telephone Number: **505-252-0084**
Email address: **wake.all@gmail.com**
Permanent Business Address: **3210 Greystone Ct**
City: **Rio Rancho**  State: **NM**  Zip Code: **87124**

### Business address while lobbying or conducting lobbyist campaigning

Business Address: **Same Wake Gardner Consulting**

### Lobbyist Organization Chairperson

Chairperson Full Name: **Same**
Telephone Number: 
Address:
City:  State:  Zip Code:

### Lobbyist Organization Treasurer

Treasurer Full Name: **Same**
Telephone Number: 
Address:
City:  State:  Zip Code:

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

Name of Bank: **Wells Fargo**
Address: 
City: **Albuquerque**  State: **NM**  Zip Code: 
Checking Account Number: 

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

Full Name: **Wake Gardner**
Telephone Number: **505-252-0084**
Address:
City:  State:  Zip Code:

Full Name: 
Telephone Number: 
Address:
City:  State:  Zip Code:

Full Name: 
Telephone Number: 
Address:
City:  State:  Zip Code:
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<th>Employer</th>
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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: Wake Gardner Consulting LLC

Permanent Telephone Number: 505-252-0089

Permanent Business Address: 3240 Greystone Ct.

City: Rio Rancho State: NM Zip Code: 87124

Official action the lobbyist or lobbyist organization supports or opposes

All matters that pertain to Wake Gardner Consulting

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: Wake Gardner

Address: Same

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: 9/6/18