# LOBBYIST REGISTRATION STATEMENT

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

## Permanent business address

Lobbyist or Lobbyist Organization Full Name: **CHELSEY EVANS**
Permanent Telephone Number: **505-247-0373** Email address: **CEJANES@WORKINGAMERICA.ORG**
Permanen Business Address: **301 Coal Ave SW**
City: **ALBUQUERQUE** State: **NM** Zip Code: **87102**

## Business address while lobbying or conducting lobbyist campaigning

Business Address: **301 Coal Ave SW**
City: **ALBUQUERQUE** State: **NM** Zip Code: **87102**

## 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: 

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

Lobbyist’s Employers Information

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<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKING AMERICA</td>
<td>815 16th St NW</td>
<td>WASHINGTON</td>
<td>DC</td>
<td>20006</td>
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</table>

<table>
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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: CHESEY EVANS
Permanent Telephone Number: 505 247 0303
Permanent Business Address: 201 CAMERON SW
City: ALBUQUERQUE  STATE: NM  ZIP Code: 87102

Official action the lobbyist or lobbyist organization supports or opposes
SUPPORTS EARNED SICK DAYS

Lobbyist Official Action Bank and Checking Account Information

Name of Bank: AMALGAMATED BANK OF CHICAGO
Address: 1 WEST MONROE ST
City: CHICAGO  STATE: IL  ZIP Code: 60603
Checking Account Number: [Redacted]

All parties with Signature Authority for Lobbyist's Official Action Checking Account

Full Name: JAMES CORB JR.
Address: 815 16TH  ST NW
City: WASHINGTON  STATE: DC  ZIP Code: 20006

Full Name: ELIZABETH TOWNIE
Address: 815 16TH  ST NW
City: WASHINGTON  STATE: DC  ZIP Code: 20006

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 lobbying 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 4/29/15