

LOBBY ACTIVITIES REPORT SUBJECT MATTER

FORM LA SCHEDULE A

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 SUBJECT MATTER CATEGORIES

If your lobby communications pertained to subject matters not marked on your original lobby registration or on a previous amendment, check the appropriate boxes.

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 18 communications & press | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 52 mental health & mental retardation | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 56 nursing homes | <input type="checkbox"/> 84 OTHER _____ |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 57 occupational regulation | |
| <input type="checkbox"/> 29 education | | |

5 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

GO TO SCHEDULE B

DETAILED EXPENDITURES TRANSPORTATION & LODGING

FORM LA SCHEDULE B

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4	RECIPIENT NAME	FIRST; MI; LAST; SUFFIX			
5	TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION			
		DEPARTURE CITY	<u>TRAVEL DATES</u>		
			Month	Day	Year
		DEPARTURE	/	/	
	ARRIVAL CITY	<u>TRAVEL DATES</u>			
		Month	Day	Year	
		ARRIVAL	/	/	
6	LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT			
		ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u>		
			Month	Day	Year
		CHECK IN	/	/	
		<u>LODGING DATES</u>	Month	Day	Year
		CHECK OUT	/	/	
7	PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input type="text"/>			
8	TRANSPORTATION / LODGING PURPOSE				

4	RECIPIENT NAME	FIRST; MI; LAST; SUFFIX			
5	TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION			
		DEPARTURE CITY	<u>TRAVEL DATES</u>		
			Month	Day	Year
		DEPARTURE	/	/	
	ARRIVAL CITY	<u>TRAVEL DATES</u>			
		Month	Day	Year	
		ARRIVAL	/	/	
6	LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT			
		ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u>		
			Month	Day	Year
		CHECK IN	/	/	
		<u>LODGING DATES</u>	Month	Day	Year
		CHECK OUT	/	/	
7	PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input type="text"/>			
8	TRANSPORTATION / LODGING PURPOSE				
GO TO SCHEDULE C					

DETAILED EXPENDITURES

FOOD & BEVERAGES

FORM LA

SCHEDULE C

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
 Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

DETAILED EXPENDITURES ENTERTAINMENT

FORM LA SCHEDULE D

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
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1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	PLACE OF ENTERTAINMENT	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	PLACE OF ENTERTAINMENT	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX	
5 PLACE OF EXPENDITURE	PLACE OF ENTERTAINMENT	CITY; STATE; ZIP CODE
6 EXPENDITURE DATE	Month / Day / Year	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____	

DETAILED EXPENDITURES GIFTS

FORM LA SCHEDULE E

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
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1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
5 GIFT DESCRIPTION	
6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
5 GIFT DESCRIPTION	
6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
5 GIFT DESCRIPTION	
6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____

GO TO SCHEDULE F

DETAILED EXPENDITURES AWARDS & MEMENTOS

FORM LA SCHEDULE F

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
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5 AWARD / MEMENTO DESCRIPTION	
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6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/>
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7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____
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4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
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5 AWARD / MEMENTO DESCRIPTION	
-------------------------------	--

6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/>
-----------------------------	--

7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____
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4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX
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5 AWARD / MEMENTO DESCRIPTION	
-------------------------------	--

6 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/>
-----------------------------	--

7 EXPENDITURE AMOUNT	Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____
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GO TO SCHEDULE G

DETAILED EXPENDITURES

POLITICAL FUNDRAISERS & CHARITY EVENTS

FORM LA

SCHEDULE G

Use the form LA Instruction Guide for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 ACCOUNT #

4 RECIPIENT NAME

FIRST; MI; LAST; SUFFIX

5 BENEFICIARY

CHARITY / EVENT NAME

 CHARITY POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

6 EVENT DATE

Month / Day / Year

 Check if credit card expenditure occurred outside reporting period.

4 RECIPIENT NAME

FIRST; MI; LAST; SUFFIX

5 BENEFICIARY

CHARITY / EVENT NAME

 CHARITY POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

6 EVENT DATE

Month / Day / Year

 Check if credit card expenditure occurred outside reporting period.

4 RECIPIENT NAME

FIRST; MI; LAST; SUFFIX

5 BENEFICIARY

CHARITY / EVENT NAME

 CHARITY POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

6 EVENT DATE

Month / Day / Year

 Check if credit card expenditure occurred outside reporting period.

4 RECIPIENT NAME

FIRST; MI; LAST; SUFFIX

5 BENEFICIARY

CHARITY / EVENT NAME

 CHARITY POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

6 EVENT DATE

Month / Day / Year

 Check if credit card expenditure occurred outside reporting period.

SCHEDULE G IS THE LAST SCHEDULE FOR REPORTING DETAILED ACTIVITY