

# LOBBY REGISTRATION AMENDMENT (For 2016 Registrants)

## FORM AREG COVER SHEET

<b>Form AREG Instruction Guide explains how to fill out this form.</b>	<b>1</b> Number of Schedules filed: A _____ B _____ Schedule C filed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Filer ID _____
		<b>OFFICE USE ONLY</b>
<b>2</b> REGISTRANT NAME		Date Received _____
<b>3</b> INFORMATION CHANGES	THIS AMENDED REGISTRATION IS BEING FILED IN ORDER TO: <input type="checkbox"/> Change Cover Sheet Information (Complete AREG COVER SHEET) <input type="checkbox"/> Add New Employer / Client OR Change Employer / Client Information (Attach AREG SCHEDULE A) <input type="checkbox"/> Delete Employer / Client (Attach AREG SCHEDULE C) <input type="checkbox"/> Add New Assistant OR Change Assistant Information (Attach AREG SCHEDULE B) <input type="checkbox"/> Delete Assistant (Attach AREG SCHEDULE C)	Date Hand-delivered or Date Postmarked _____
<b>4</b> REGISTRATION FEE PAID	(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE)	Receipt # _____ Amount \$ _____
<b>4a</b> AMOUNT ENCLOSED	<input type="checkbox"/> \$ 750 Regular <input type="checkbox"/> \$ 150 Non-Profit (Proof required. See Instructions)	Date Processed _____
<b>5 (CHANGED)</b> REPORTING SCHEDULE	<input type="checkbox"/> Modified (Annual) <input type="checkbox"/> Regular (Monthly)	Date Imaged _____
<b>6 (CHANGED)</b> REGISTRANT NAME		
<b>7 (CHANGED)</b> REGISTRANT'S NORMAL BUSINESS		
<b>8 (CHANGED)</b> REGISTRANT'S BUSINESS ADDRESS	Address / P.O. Box; Apt. / Suite #; City; State; Zip Code	
<b>9 (CHANGED)</b> REGISTRANT'S MAILING ADDRESS	Address / P.O. Box; Apt. / Suite #; City; State; Zip Code	
<input type="checkbox"/> same as above		
<b>10 (CHANGED)</b> REGISTRANT'S BUSINESS PHONE	Area Code ( ) Phone Number Extension	
<b>11 (CHANGED)</b> EMPLOYER INFORMATION	Name of Firm _____ Address of Firm _____ Phone No. of Firm _____	
(IF EMPLOYER IS LOBBY FIRM) <input type="checkbox"/> not applicable		
<b>12 (CHANGED)</b> PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS	(NAME OF INDIVIDUAL OR ENTITY)	
<input type="checkbox"/> additional pages	(ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP)	

**13 (NEW) SUBJECT MATTER CATEGORIES**

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

**14 (NEW) DOCKET NOS. OR OTHER DESIGNATION**

- not applicable
- additional pages

_____	_____
Designation	Agency
_____	_____
Designation	Agency
_____	_____
Designation	Agency

**15 SIGNATURE**

**To the best of my knowledge the accompanying document is true and correct and includes all information to be reported by me under Chapter 305, Government Code.**

**I further affirm that, to the best of my knowledge, I have complied with section 305.028, Government Code (Prohibited Conflicts of Interest).**

**I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.**

AFFIX NOTARY STAMP / SEAL ABOVE

\_\_\_\_\_  
Signature of Registrant

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**AMENDMENT: EMPLOYER / CLIENT  
PART 1 – GENERAL INFORMATION**

**FORM AREG  
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #

<b>2</b> REGISTRANT NAME					
<b>3</b> EMPLOYER / CLIENT NAME					
<b>4</b> REASON FOR AMENDMENT	<input type="checkbox"/> THIS EMPLOYER / CLIENT IS NEW	<input type="checkbox"/> INFORMATION ABOUT THIS EMPLOYER / CLIENT HAS CHANGED (report only the information that has changed)			
<b>5 (CHANGED)</b> EMPLOYER / CLIENT NAME					
<b>6</b> EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE

**PART 2 – COMPENSATION**

<b>1</b> LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$ 10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR Exact Amount \$ _____
<b>2</b> TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input type="checkbox"/> PROSPECTIVE
<b>3</b> INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES	NAME OF ENTITY _____	
		ADDRESS OF ENTITY _____	
	<input type="checkbox"/> NO	PHONE NO. OF ENTITY _____	

**PART 3 – ORGANIZATIONAL INFORMATION**

<b>1</b> IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	<input type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of Schedule A)
<b>2</b> IS THE EMPLOYER / CLIENT A CORPORATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of Schedule A)
<b>3</b> ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input type="checkbox"/> YES (Complete PART 4 of Schedule A)	<input type="checkbox"/> NO (Complete PART 3(b) of Schedule A)
<b>4</b> IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE ?	<input type="checkbox"/> YES (Complete PART 5 of Schedule A)	<input type="checkbox"/> NO

**AMENDMENT: EMPLOYER / CLIENT**  
**PART 3(a) – UNINCORPORATED ENTITY**

**FORM AREG**  
**SCHEDULE A PG 2**

**Complete PART 3(a) only if the employer/client covered by this SCHEDULE A is an unincorporated entity.**  
**Attach additional pages as needed.**

REGISTRANT NAME	EMPLOYER / CLIENT NAME
<b>1</b> ENTITY MEMBERSHIP	NUMBER OF MEMBERS
<b>2</b> NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY  <input type="checkbox"/> additional pages	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
<b>3</b> DESCRIPTION OF POLICY-MAKING METHODS  <input type="checkbox"/> additional pages	<b>DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING</b>
<b>4</b> CONTRIBUTORS  <b>PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR</b>  <input type="checkbox"/> not applicable  <input type="checkbox"/> additional pages	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE

**GO TO SCHEDULE A, PART 4**

**AMENDMENT: EMPLOYER / CLIENT**  
**PART 3(b) – CORPORATION NOT PUBLICLY TRADED**

**FORM AREG**  
**SCHEDULE A PG 3**

**Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded.**

**Attach additional pages as needed.**

REGISTRANT NAME

EMPLOYER / CLIENT NAME

**1 CORPORATE SHAREHOLDERS**

NUMBER OF SHAREHOLDERS

**2 CORPORATE OFFICERS AND BOARD MEMBERS**

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

additional pages

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**3 CORPORATE OWNERSHIP/ HOLDINGS**

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

PERSONS OWNING 10% OR MORE SHARES

LAST; SUFFIX; FIRST; TITLE

not applicable

LAST; SUFFIX; FIRST; TITLE

additional pages

**GO TO SCHEDULE A, PART 4**

**AMENDMENT: EMPLOYER / CLIENT  
PART 4 – LOBBYING SUBJECT MATTER**

**FORM AREG  
SCHEDULE A PG 4**

**Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 4.  
Attach additional pages as needed.**

REGISTRANT NAME

EMPLOYER/CLIENT NAME

**1 SUBJECT MATTER**

**SUBJECT MATTER CATEGORIES**

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

**2 DOCKET NOS.  
OR OTHER  
DESIGNATION**

- not applicable
- additional pages

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
AGENCY

**AMENDMENT: EMPLOYER / CLIENT**  
**PART 5 – STATE AGENCY AS A CLIENT**

**FORM AREG**  
**SCHEDULE A PG 5**

Complete PART 5 only if the employer/client is a state agency.

1 PAGE #

2 REGISTRANT NAME

3 EMPLOYER / CLIENT NAME

4 SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

5 AMOUNT OF SALES COMMISSION / FEE

\$

6 ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

7 METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

# AMENDMENT: ASSISTANT

# FORM AREG SCHEDULE B

Use the Form AREG Instruction Guide for assistance in filling out Schedule B.  
Attach additional pages as needed.

<b>1 REGISTRANT NAME</b>	<b>2 REASON FOR AMENDMENT</b>	<input type="checkbox"/> THIS ASSISTANT IS NEW	<input type="checkbox"/> INFORMATION ABOUT THE ASSISTANT HAS CHANGED (report only the information that has changed)
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**3 ASSISTANT NAME** \_\_\_\_\_

if individual was previously registered as an assistant under a different name, mark box and provide name of assistant as originally registered \_\_\_\_\_

<b>4 ASSISTANT'S BUSINESS ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
---------------------------------------	--

<b>5 ASSISTANT'S OCCUPATION</b>	
---------------------------------	--

**6 SUBJECT MATTER**

**SUBJECT MATTER CATEGORIES**

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

<b>7 DOCKET NOS. OR OTHER DESIGNATION</b>	DESIGNATION _____	AGENCY _____	
	<input type="checkbox"/> not applicable	DESIGNATION _____	AGENCY _____
	<input type="checkbox"/> additional pages	DESIGNATION _____	AGENCY _____



# AMENDMENT: LOBBY REGISTRATION DELETIONS

FORM AREG  
SCHEDULE C

**1** Total pages this Schedule C:

**Use the Form AREG Instruction Guide for assistance in filling out Schedule C.**  
**Attach additional pages as needed.**

**2** REGISTRANT NAME

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name

Type of Deletion

Employer / Client

Assistant

Name