

LOBBY REGISTRATION AMENDMENT (For 2019 Registrants)

FORM AREG COVER SHEET

Form AREG Instruction Guide explains how to fill out this form.		1 Number of Schedules filed: A _____ B _____ Schedule C filed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Filer ID _____	
				OFFICE USE ONLY	
2 REGISTRANT NAME				Date Received _____	
3 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 _____	
4 REGISTRATION FEE PAID	(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) <input type="checkbox"/> \$ 750 Regular <input type="checkbox"/> \$ 150 Non-Profit (Proof required. See Instructions)			Receipt # _____ Amount \$ _____	
4a AMOUNT ENCLOSED	\$ _____			Date Processed _____	
5 (CHANGED) REPORTING SCHEDULE	<input type="checkbox"/> Modified (Annual) <input type="checkbox"/> Regular (Monthly)			Date Imaged _____	
6 (CHANGED) REGISTRANT NAME					
7 (CHANGED) REGISTRANT'S NORMAL BUSINESS					
8 (CHANGED) REGISTRANT'S BUSINESS ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
9 (CHANGED) REGISTRANT'S MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
10 (CHANGED) REGISTRANT'S BUSINESS PHONE	Area Code () Phone Number Extension				
11 (CHANGED) EMPLOYER INFORMATION (IF EMPLOYER IS LOBBY FIRM) <input type="checkbox"/> not applicable	Name of Firm _____ Address of Firm _____ Phone No. of Firm _____				
12 (CHANGED) PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS <input type="checkbox"/> additional pages	(NAME OF INDIVIDUAL OR ENTITY) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
13 (CHANGED) FARA REGISTRATION	<input type="checkbox"/> CHECK BOX IF REGISTRANT IS REGISTERED, OR IS REQUIRED TO BE REGISTERED, AS A FOREIGN AGENT UNDER THE FOREIGN AGENTS REGISTRATION ACT OF 1938 (22 U.S.C. SECTION 611 ET SEQ.)				

14 (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 _____ |

15 (NEW) DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

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

16 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 #

2 REGISTRANT NAME					
3 EMPLOYER / CLIENT NAME					
4 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)			
5 (CHANGED) EMPLOYER / CLIENT NAME					
6 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE

PART 2 – COMPENSATION

1 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 \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input type="checkbox"/> PROSPECTIVE
3 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

1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	<input type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of Schedule A)
2 IS THE EMPLOYER / CLIENT A CORPORATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of Schedule A)
3 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)
4 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																																
1 ENTITY MEMBERSHIP	NUMBER OF MEMBERS																																
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY <input type="checkbox"/> additional pages	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">LAST;</td> <td style="width:25%; border-bottom: 1px solid black;">SUFFIX;</td> <td style="width:25%; border-bottom: 1px solid black;">FIRST;</td> <td style="width:25%; border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	LAST;	SUFFIX;	FIRST;	TITLE					LAST;	SUFFIX;	FIRST;	TITLE					LAST;	SUFFIX;	FIRST;	TITLE					LAST;	SUFFIX;	FIRST;	TITLE				
	LAST;	SUFFIX;	FIRST;	TITLE																													
	LAST;	SUFFIX;	FIRST;	TITLE																													
LAST;	SUFFIX;	FIRST;	TITLE																														
LAST;	SUFFIX;	FIRST;	TITLE																														
3 DESCRIPTION OF POLICY-MAKING METHODS <input type="checkbox"/> additional pages	DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING																																
4 CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR <input type="checkbox"/> not applicable <input type="checkbox"/> additional pages	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">LAST;</td> <td style="width:25%; border-bottom: 1px solid black;">SUFFIX;</td> <td style="width:25%; border-bottom: 1px solid black;">FIRST;</td> <td style="width:25%; border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">LAST;</td> <td style="border-bottom: 1px solid black;">SUFFIX;</td> <td style="border-bottom: 1px solid black;">FIRST;</td> <td style="border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	LAST;	SUFFIX;	FIRST;	TITLE					LAST;	SUFFIX;	FIRST;	TITLE					LAST;	SUFFIX;	FIRST;	TITLE					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
--

LAST; SUFFIX; FIRST; TITLE

3 CORPORATE OWNERSHIP/ HOLDINGS
--

LAST; SUFFIX; FIRST; TITLE

PERSONS OWNING 10% OR MORE SHARES

LAST; SUFFIX; FIRST; TITLE

not applicable

LAST; SUFFIX; FIRST; TITLE

additional pages

LAST; SUFFIX; FIRST; TITLE

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.

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

3 ASSISTANT NAME	_____
<input type="checkbox"/> if individual was previously registered as an assistant under a different name, mark box and provide name of assistant as originally registered	_____

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

5 ASSISTANT'S OCCUPATION	
---------------------------------	--

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

7 DOCKET NOS. OR OTHER DESIGNATION	_____	_____
<input type="checkbox"/> not applicable	DESIGNATION	AGENCY
<input type="checkbox"/> additional pages	DESIGNATION	AGENCY
	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 <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name