#### **LOBBY REGISTRATION FOR 2026** FORM REG COVER SHEET PG 1 (For use through December 31, 2026) The Form REG Instruction Guide 1 Number of Schedules filed: explains how to fill out this form. **OFFICE USE ONLY** 2 REGISTRATION (SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) Date Received FEE ENCLOSED \$ 750 Regular \$ 150 Non-Profit (Proof required. See Instructions REPORTING MODIFIED **REGULAR SCHEDULE** (MONTHLY) (ANNUAL) 4 REGISTRANT Date Hand-delivered or Date Postmarked NAME Amount\$ 5 IS THE REGISTRANT NO YES AN ENTITY? Date Processed REGISTRANT'S NORMAL BUSINESS Date Imaged 7 REGISTRANT'S ADDRESS/POBOX; APT / SUITE #; CITY; STATE; ZIP CODE **BUSINESS ADDRESS** ADDRESS/POBOX; CITY; STATE; ZIP CODE 8 REGISTRANT'S APT/SUITE#; MAILING ADDRESS same as business address listed above AREA CODE PHONE NUMBER **EXTENSION** 9 BUSINESS PHONE ) 10 IS THE REGISTRANT A LOBBY FIRM YES NAME OF FIRM EMPLOYEE? PHONE NO. OF FIRM \_ NO 11 PERSON(S) NAME OF INDIVIDUAL OR ENTITY

CHANGES IN INFORMATION. If any of the information provided in this registration changes (other than information requested on PART 3(a) or 3(b) of SCHEDULE A), you must file a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed information by the 10th day of the month following the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).

APT/SUITE#;

ADDRESS/POBOX;

PROVIDING COMPENSATION AND/OR

**FUNDS** 

REIMBURSEMENT

FROM POLITICAL

additional pages

ZIP CODE

STATE;

| COVER SHEET P   | G 3   |   | FOI  | RM <b>REG</b>                           |
|---|---|---|--|---|
| REGISTRANT NAME:  |   |   | PAGE #   |   |
| 13 DOCKET NOS. OR OTHER DESIGNATI  not applicable  additional pages | DESIGNATION  DESIGNATION  DESIGNATION   | AGENCY AGENCY   |  |   |
| by<br>I f<br>of<br>I<br>Er  | o the best of my knowledge the accomp<br>of me under Chapter 305, Government Cod<br>urther affirm that, to the best of my knowled<br>Interest). (See instructions for the text of<br>further affirm that, if I selected the No<br>mployers/Clients that qualify as exempt fevenue Code of 1986. | e. ' Ige, I have complied with Section 305 Section 305.028.) on-Profit registration level, to the | 5.028, Government Code (Probest of my knowledge, | rohibited Conflicts  I have listed only |
|   | _   | Signature of Ro   | egistrant  |   |
| (1) Affidavit  NOTARY STAMP/SEA                                     |   | plete either option belo  | ow.  |   |
|   | before me bywhich, witness my hand and seal of office.  | this the  | ne day of  | ,                                       |
| Signature of officer administe                                      | ring oath Printed name of c   | officer administering oath  | Title of office                                  | r administering oath                    |
| (2) Unsworn Declaration   | on  |   |  |   |
|   |   |   | ı is   |   |
|   | (street) County, State of   | (city)  | (state) (zip code) , 20 onth) (year)             |   |
|   |   | Signature of Reg  | gistrant (Declarant)                             |   |

### EMPLOYER / CLIENT PART 1 – GENERAL INFORMATION

| I ANT I - GENERAL II   | II OKWATION  |                        | OCHEDOLL A  |          |
|--|--|------------------------|---|----------|
| Use the Form REG Instruction   | on Guide for assistance in filling out Schedu  | le A Part 1.           | AGE#  |          |
| 2 REGISTRANT NAME  |  |                        |   |          |
| 3 EMPLOYER / CLIENT<br>NAME  |  |                        |   |          |
| 4 EMPLOYER /CLIENT<br>MAILING ADDRESS  | ADDRESS / PO BOX; APT / SUITE #;   | CITY;                  | STATE;  | ZIP CODE |
| PART 2 – COMPENSA  | TION   |                        |   |          |
| 1 LEVEL OF<br>COMPENSATION<br>FOR LOBBYING   | \$ 0 \$ 228,870 - \$:  LESS THAN \$ 22,890 \$ 343,400 - \$ 457,730 - \$  \$ 57,220 - \$ 114,429.99 \$ 572,160 - \$  \$ 114,430 - \$ 228,869.99 \$ 686,600 - \$ | 157,729.99             | \$ 801,030 - \$ 915,459.99<br>\$ 915,460 - \$ 1,029,889.99<br>\$ 1,029,890 - \$ 1,144,329.99<br>OVER \$ 1,144,330<br>(Exact Amount \$ |          |
| 2 TYPE OF<br>COMPENSATION<br>BEING REPORTED  | PAID EARNED (but not rec   | eived)                 | PROSPECTIVE   |          |
| 3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY                     | YES NAME OF ENTITY  ADDRESS OF ENTITY  PHONE NO. OF ENTITY   |                        |   |          |
| PART 3 – ORGANIZAT   | ONAL INFORMATION   |                        |   |          |
| 1 IS THE EMPLOYER / CLIENT AN<br>ENTITY OR AN INDIVIDUAL?                              | ENTITY   | INDIVIDUAL (Complete F | PART 4 of Schedule A)   |          |
| 2 IS THE EMPLOYER / CLIENT<br>A CORPORATION?   | YES  | NO (Complete PART 3(   | a) of Schedule A)   |          |
| 3 ARE THE SHARES OF THE<br>CORPORATION PUBLICLY<br>TRADED?                             | YES (Complete PART 4 of Schedule A)  | NO (Complete PART 3(   | b) of Schedule A)   |          |
| 4 IS THE CLIENT A STATE<br>AGENCY THAT PAYS YOU<br>A SALES COMMISSION OR<br>SUCH FEE ? | YES (Complete PART 5 of Schedule A)  | NO                     |   |          |
|  |  |                        |   |          |

# EMPLOYER / CLIENT PART 3(a) – UNINCORPORATED ENTITY

|    | Complete PART 3(a  |            | ne employer/clie     | nt covered by Sch        | edule A PAGE      | · # |  |  |  |  |
|----|--|------------|----------------------|--------------------------|-------------------|-----|--|--|--|--|
| RE | EGISTRANT NAME   |            |                      | EMPLO                    | YER / CLIENT NAME |     |  |  |  |  |
| 1  | ENTITY<br>MEMBERSHIP                                     | NUMBER OF  | MEMBERS              | '                        |                   |     |  |  |  |  |
| 2  | NAME(S) OF<br>PERSON(S) WHO<br>DETERMINE LOBBY<br>POLICY | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    | 1 02.0 1   | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    | additional pages   | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    |  | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    |  | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
| 3  | DESCRIPTION OF<br>POLICY-MAKING<br>METHODS               | DESCRIBE I | METHODS OF ENTITY DE | CISION-MAKING RELATING   | TO LOBBYING       |     |  |  |  |  |
|    | additional pages   |            |                      |                          |                   |     |  |  |  |  |
| 4  | CONTRIBUTORS   | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    | PERSON(S) CONTRIBUTING<br>MORE THAN \$250 PER YEAR       |            |                      |                          |                   |     |  |  |  |  |
|    |  | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    | not applicable additional pages                          | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    |  | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
|    |  | LAST;      | SUFFIX;              | FIRST;                   | TITLE             |     |  |  |  |  |
| _  |  | <u> </u>   | GO                   | GO TO SCHEDULE A, PART 4 |                   |     |  |  |  |  |

### EMPLOYER / CLIENT PART 3(b) - CORPORATION NOT PUBLICLY TRADED

|   | 1 AK1 3(b) - 001                        | NI OINA       | 11014 1401                         | OBLICE                        | INADED       |          |       | SCHEDI | ULE A    | PG 3 |
|---|---|---------------|------------------------------------|-------------------------------|--------------|----------|-------|--------|----------|------|
|   | Complete PART 3(k                       | o) only if th | ne employer/cl<br>es are not publi | lient covered by icly traded. | Schedule /   | 4        | PAGE# |        |          |      |
| R | EGISTRANT NAME                          |               |                                    | EMP                           | LOYER / CLIE | ENT NAME |       |        |          |      |
| 1 | CORPORATE<br>SHAREHOLDERS               | NUMBER OF     | SHAREHOLDERS                       |                               |              |          |       |        |          |      |
| 2 | CORPORATE<br>OFFICERS AND<br>BOARD MEM- | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   | BERS                                    | ADDRESS / I   | PO BOX;                            | APT / SUITE #;                | CITY;        |          |       | STATE; | ZIP CODE |      |
|   | additional pages                        |               |                                    |                               |              |          |       |        |          |      |
|   |   | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   |   | ADDRESS / I   | PO BOX;                            | APT / SUITE #;                | CITY;        |          |       | STATE; | ZIP CODE |      |
|   |   | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   |   | ADDRESS / I   | PO BOX;                            | APT / SUITE #;                | CITY;        |          |       | STATE; | ZIP CODE |      |
| 3 | CORPORATE                               | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   | OWNERSHIP/<br>HOLDINGS                  |               |                                    |                               |              |          |       |        |          |      |
|   | PERSONS OWNING 10%<br>OR MORE SHARES    | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   |   | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   | not applicable additional pages         | LAST;         | SUFFIX;                            | FIRST;                        |              | TITLE    |       |        |          |      |
|   |   |               | G                                  | O TO SCHEDUL                  | E A, PART 4  | 1        |       |        |          |      |

## EMPLOYER / CLIENT PART 4 – LOBBYING SUBJECT MATTER

| Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 4.  REGISTRANT NAME  EMPLOYER/CLIENT NAME  1 SUBJECT MATTER  ALL MATTERS MARKED ON COVER SHEET |  |
|---|--|
|   |  |
|   |  |
| 1 SUBJECT MATTER ALL MATTERS MARKED ON COVER SHEET  |  |
|   |  |
| SUBJECT MATTER CATEGORIES   |  |
| 1 abortion  | n meetings<br>s<br>uthorities<br>rds & commissions |
| 27 disaster preparedness & relief     55 minors     83 women's issues       28 economic & industrial development     56 nursing homes     84 OTHER                              |  |
| 2 DOCKET NOS. OR OTHER DESIGNATION DESIGNATION AGENCY   |  |
| not applicable DESIGNATION AGENCY  additional pages   |  |
| DESIGNATION AGENCY  |  |

## EMPLOYER / CLIENT PART 5 – STATE AGENCY AS A CLIENT

| C | Complete PART 5 only if the employer/client is a state agency.                                     |  |        |  |  |  |
|---|--|--|--------|--|--|--|
| 2 | REGISTRANT NAME  |  |        |  |  |  |
| 3 | EMPLOYER / CLIENT NAME   |  |        |  |  |  |
| 4 | SUBJECT MATTER DESCRIPTION (DESCRIBE THE SI  | JBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMI             | SSION) |  |  |  |
|   |  |  |        |  |  |  |
| 5 | AMOUNT OF SALES COMMISSION / FEE   | 6 ESTIMATE OF MAXIMUM AMOUNT OF S<br>(IF EXACT AMOUNT NOT KNOW |        |  |  |  |
|   | \$   | \$   |        |  |  |  |
| 7 | METHOD UNDER WHICH SALES COMMISSION IS   | COMPUTED (IF EXACT AMOUNT NOT KNOWN)                           |        |  |  |  |
|   |  |  |        |  |  |  |
|   | SUBJECT MATTER DESCRIPTION (DESCRIBE THE SI  | UBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMI             | SSION) |  |  |  |
|   |  |  |        |  |  |  |
|   | AMOUNT OF SALES COMMISSION / FEE   | ESTIMATE OF MAXIMUM AMOUNT OF S<br>(IF EXACT AMOUNT NOT KNOW   |        |  |  |  |
|   | \$   | \$   |        |  |  |  |
|   | METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)                        |  |        |  |  |  |
|   |  |  |        |  |  |  |
|   | SUBJECT MATTER DESCRIPTION (DESCRIBE THE S   | UBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMI             | SSION) |  |  |  |
|   |  |  |        |  |  |  |
|   | AMOUNT OF SALES COMMISSION / FEE   | ESTIMATE OF MAXIMUM AMOUNT OF S                                |        |  |  |  |
|   | \$   | (IF EXACT AMOUNT NOT KNOV                                      | WN)    |  |  |  |
|   | 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 S                                |        |  |  |  |
|   | \$   | (IF EXACT AMOUNT NOT KNO)                                      | WN)    |  |  |  |
|   | METHOD UNDER WHICH SALES COMMISSION IS   | COMPUTED (IF EXACT AMOUNT NOT KNOWN)                           |        |  |  |  |
|   |  |  |        |  |  |  |

| ASSISTANT   |  | FORM REG<br>SCHEDULE B |        |   |
|---|--|------------------------|--------|---|
| Use the Form REG Instruction Guide fo   | PAGE#  |                        |        |   |
| 1 REGISTRANT NAME   | 2  | ASSISTANT NAME         |        |   |
| 3 ASSISTANT'S ADDRESS / PO BOX; BUSINESS ADDRESS  | APT / SUITE #;   | CITY;                  | STATE; | ZIP CODE  |
| 4 ASSISTANT'S<br>OCCUPATION   |  |                        |        |   |
| 5 SUBJECT ALL MATTERS   | S MARKED ON COVER SHE  | ET                     |        |   |
|   | SUBJECT MATTER   | RCATEGORIES            |        |   |
| 1 abortion 2 aeronautics 3 aging 4 agriculture 5 alcoholic beverage regulation 6 alcoholism & drug abuse 7 aliens 8 amusements, games, sports 9 animals 10 arts & humanities 11 business & commerce 12 cemeteries 13 charitable & nonprofit organizations 14 city government 15 civil remedies & liabilities 16 coastal affairs & beaches 17 common carriers 18 communications & press 19 consumer protection 20 corporations & associations 21 corrections 22 county government 23 courts 24 crime 25 criminal procedures 26 day care 27 disaster preparedness & relief 28 economic & industrial development | 29 education 30 elections 31 energy 32 environment 33 ethics 34 family issues 35 fees & other non-tax 36 financial institutions 37 fire fighters & police 38 gambling 39 handicapped persor 40 health & health care 41 highways & roads 42 historic preservatior 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-health of mental health & complete the com | ans                    | _      | open meetings sions s ms & authorities boards & commissions s, officers & symbols |
| 6 DOCKET NOS. OR OTHER DESIGNATION  DESIGNATION  DESIGNATION  DESIGNATION   | AGEN   |                        |        |   |
| additional pages  DESIGNATION  DESIGNATION  | AGEN   |                        |        |   |