

# LOBBY ACTIVITIES REPORT

## FORM LA COVER SHEET

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

**1** Number of Pages of Schedules Filed: Schedule A Filed:  Yes  No  
 B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_  
 G \_\_\_

**3** Filer ID

PAGE #

### OFFICE USE ONLY

**2** REGISTRANT NAME

**4** REPORT TYPE

REGULAR (Monthly)  EXCEEDED \$1000  
 MODIFIED (Annual)  FINAL (Attach Form TN)

**5** REPORT DEADLINE

February 10  June 10  October 10  
 March 10  July 10  November 10  
 April 10  August 10  December 10  
 May 10  September 10  January 10

HD / PM

Receipt #

Amount \$

Legal

Totals

Date Processed

Date Imaged

**6** PERIOD COVERED

BEGINNING ENDING  
 Month Day Year Month Day Year  
 / / THROUGH / /

**7** EXPENDITURE TOTALS BY TYPE

\$0.00

Transportation & Lodging	\$ _____	Gifts (other than awards & mementos)	\$ _____
Food & Beverages	\$ _____	Awards & Mementos	\$ _____
Entertainment	\$ _____	Political Fundraisers/Charity Events	\$ _____
		Mass Media Communications	\$ _____

**8** EXPENDITURE TOTALS BY PERSONS BENEFITTED

\$0.00

State Senators	\$ _____	Executive Agency Employees	\$ _____
State Representatives	\$ _____	Immediate Family of Legislative/ Executive Branch Member	\$ _____
Other Elected/Appointed State Officers	\$ _____	Events to Which All Legislators Are Invited	\$ _____
Legislative Branch Employees	\$ _____	Guests	\$ _____

**9** INDIVIDUAL REPORTING EXPENDITURES FOR ENTITY

additional pages

YES NAME OF ENTITY \_\_\_\_\_  
 ADDRESS OF ENTITY \_\_\_\_\_  
 PHONE NO. OF ENTITY \_\_\_\_\_  
 NO AMOUNT OF EXPENDITURES REPORTED FOR ENTITY \_\_\_\_\_

**10** 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).**

AFFIX NOTARY STAMP / SEAL ABOVE

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

# 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** Filer ID

**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 & cognition         | <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** Filer ID

<b>4</b> RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE		
<b>5</b> TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION		
	DEPARTURE CITY	<u>TRAVEL DATES</u> DEPARTURE      Month      Day      Year /            /	
	ARRIVAL CITY	ARRIVAL              Month      Day      Year /            /	
<b>6</b> LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT		
	ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u> CHECK IN              Month      Day      Year /            /	
		CHECK OUT              Month      Day      Year /            /	
<b>7</b> PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>		
<b>8</b> TRANSPORTATION / LODGING PURPOSE			

RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE		
TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION		
	DEPARTURE CITY	<u>TRAVEL DATES</u> DEPARTURE      Month      Day      Year /            /	
	ARRIVAL CITY	ARRIVAL              Month      Day      Year /            /	
LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT		
	ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u> CHECK IN              Month      Day      Year /            /	
		CHECK OUT              Month      Day      Year /            /	
PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>		
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** Filer ID

<b>4</b> RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
-------------------------	----------------------------

<b>5</b> PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE
	ADDRESS; CITY; STATE; ZIP CODE

<b>6</b> EXPENDITURE DATE	Month      Day      Year /        /        /	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
---------------------------	---	--

<b>7</b> 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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RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
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PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE
	ADDRESS; CITY; STATE; ZIP CODE

EXPENDITURE DATE	Month      Day      Year /        /        /	<input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
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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 D**

# DETAILED EXPENDITURES ENTERTAINMENT

**FORM LA  
SCHEDULE D**

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** Filer ID

<b>4</b> RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
<b>5</b> PLACE OF EXPENDITURE	PLACE OF ENTERTAINMENT
	ADDRESS; CITY; STATE; ZIP CODE
<b>6</b> EXPENDITURE DATE	Month      Day      Year /        /        / <input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
<b>7</b> 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      \$ _____

RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
PLACE OF EXPENDITURE	PLACE OF ENTERTAINMENT
	ADDRESS; CITY; STATE; ZIP CODE
EXPENDITURE DATE	Month      Day      Year /        /        / <input type="checkbox"/> Check if credit card expenditure occurred outside reporting period.
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 E**

# 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** Filer ID

<b>4</b> RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
<b>5</b> GIFT DESCRIPTION	
<b>6</b> PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
<b>7</b> 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      \$ _____

RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
GIFT DESCRIPTION	
PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
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      \$ _____

RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
GIFT DESCRIPTION	
PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/>
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.  
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**1** PAGE #

**2** REGISTRANT NAME

**3** Filer ID

<b>4</b> RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
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<b>5</b> AWARD / MEMENTO DESCRIPTION	
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<b>6</b> PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/>
------------------------------------	--

<b>7</b> 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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RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
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AWARD / MEMENTO DESCRIPTION	
-----------------------------	--

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

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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RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
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AWARD / MEMENTO DESCRIPTION	
-----------------------------	--

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

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** Filer ID

**4** RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

**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.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL  
FUNDRAISER

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

Month / Day / Year

Check if credit card expenditure occurred outside reporting period.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL  
FUNDRAISER

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

Month / Day / Year

Check if credit card expenditure occurred outside reporting period.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL  
FUNDRAISER

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

Month / Day / Year

Check if credit card expenditure occurred outside reporting period.

**SCHEDULE G IS THE LAST SCHEDULE FOR REPORTING DETAILED ACTIVITY**