

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

HD / PM

Receipt #

Amount \$

Legal

Totals

Date Processed

Date Imaged

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

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

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

4 RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
-------------------------	----------------------------

5 PLACE OF EXPENDITURE	NAME OF RESTAURANT OR OTHER PLACE
	ADDRESS; CITY; STATE; ZIP CODE

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

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

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.
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1 PAGE #

2 REGISTRANT NAME

3 Filer ID

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

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.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

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

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.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

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

7 EXPENDITURE AMOUNT	<p>Check one or enter exact amount.</p> <p> <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 \$ _____ </p>
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RECIPIENT NAME	LAST; SUFFIX; FIRST; TITLE
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AWARD / MEMENTO DESCRIPTION	
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PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/>
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EXPENDITURE AMOUNT	<p>Check one or enter exact amount.</p> <p> <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 \$ _____ </p>
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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	<p>Check one or enter exact amount.</p> <p> <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 \$ _____ </p>
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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