### LOBBY REGISTRATION AMENDMENT

(For 2023 Registrants)

# FORM AREG COVER SHEET

	Form AREG Instruction Guide explains how to fill out this form.		1 Number of Schedu	ıles filed: A		Filer ID		
			Schedule C filed:		s No	OFFICE	USE	ONLY
2	REGISTRANT NAME					Date Received		
3	INFORMATION CHANGES	Change Cover Add New Employ Change Employ Delete Employ Add New Assi		(Complete on (Attach AF (Attach AF	R TO:  AREG COVER SHEET)  REG SCHEDULE A)  REG SCHEDULE C)	Date Hand-delivered or I	Date Pos	
		Delete Assista		`	REG SCHEDULE C)	Date Processed		
4	REGISTRATION FEE PAID	(SEE INSTRUCTION G	UIDE TO DETERMINE YO		Non-Profit	Date Imaged		
4a	AMOUNT ENCLOSED	\$		(Proc	of required. Instructions)	Date illiaged		
5	(CHANGED) REPORTING SCHEDULE	Modifi	ed (Annual)	Reg	ular (Monthly)			
6	(CHANGED) REGISTRANT NAME							
7	(CHANGED) REGISTRANT'S NORMAL BUSINESS							
8	(CHANGED) REGISTRANT'S BUSINESS ADDRESS	ADDRESS / PO BOX		APT / SUITE #;	CITY;	STA	ATE;	ZIP CODE
9	(CHANGED) REGISTRANT'S MAILING ADDRESS  same as above	ADDRESS / PO BOX		APT / SUITE #;	CITY;	STA	ATE;	ZIP CODE
10	(CHANGED) REGISTRANT'S BUSINESS PHONE	Area Code	Phone Number		Extension			
11	(CHANGED) EMPLOYER INFORMATION	Name of Firm <sub>-</sub>						
	(IF EMPLOYER IS LOBBY FIRM)	Address of Firm -						
	not applicable	Phone No. of Firm						
12	(CHANGED) PERSON(S) PROVIDING COMPENSATION AND/OR	(NAME OF INDIVID	UAL OR ENTITY)					
	REIMBURSEMENT FROM POLITICAL FUNDS additional pages	ADDRESS / PO BOX		APT / SUITE #;	CITY;	STA	ATE;	ZIP CODE

COVER SHEET PG	3			FOI	RM AREG
REGISTRANT NAME:			PAGE #	:	
14 (NEW) DOCKET NOS. OTHER DESIGNATION not applicable additional pages		AGENCY  AGENCY			
me I fur of Iı I fu Emj	the best of my knowledge the accompanion under Chapter 305, Government Code.  Ther affirm that, to the best of my knowle nterest). (See instructions for the text of arther affirm that, if I selected the Noloyers/Clients that qualify as exemptenue Code of 1986.	edge, I have complied with Section 5 Section 305.028.)	305.028, Gove	ernment Code (Pi	rohibited Conflicts  I have listed only
	-	Signature o	f Registrant		
	efore me by hich, witness my hand and seal of office		s the	day of	
Signature of officer administering		officer administering oath		Title of office	r administering oath
	1		oirth is		
	(street)County, State of	(city)		(zip code)	
		Signature of			

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

## FORM AREG SCHEDULE A PG 1

Lieo the Form APEG Instru	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE #
Ose the Form ARES man	Culon Guide for assistance in mining out Schedule A Part 1.	
2 REGISTRANT NAME		
3 EMPLOYER / CLIENT NAME		
4 REASON FOR AMENDMENT	THIS EMPLOYER / CLIENT IS NEW INFORMATION ABOUT THIS (report only the information that	EMPLOYER / CLIENT HAS CHANGED at has changed)
5 (CHANGED) EMPLOYER / CLIENT NAME		
6 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
PART 2 – COMPENSA	TION	
1 LEVEL OF COMPENSATION FOR LOBBYING	\$ 0 \$ 202,180 - \$ 303,269.99 \$ 101,090 - \$ 202,179.99 \$ 606,530 - \$ 707,619.99 \$ 101,090 - \$ 202,179.99 \$ 606,530 - \$ 707,619.99 \$ 101,090 - \$ 202,179.99	\$ 707,620 - \$ 808,709.99 \$ 808,710 - \$ 909,799.99 \$ 909,800 - \$ 1,010,879.99 OVER \$ 1,010,880 (Exact Amount \$)
2 TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY  ADDRESS OF ENTITY  NO PHONE NO. OF ENTITY	
PART 3 – ORGANIZAT	IONAL INFORMATION	
1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	ENTITY INDIVIDUAL (Complete P/	ART 4 of Schedule A)
2 IS THE EMPLOYER / CLIENT A CORPORATION?	YES NO (Complete PART 3(a)	) of Schedule A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of Schedule A) NO (Complete PART 3(b	) of Schedule A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of Schedule A) 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.						
			Attac	h additional pages as			
R	REGISTRANT NAME				PLOYER / CLIENT NAME		
1	ENTITY	NUMBER OF	MEMBERS	'			
	MEMBERSHIP						
2	NAME(S) OF	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSON(S) WHO DETERMINE LOBBY						
	POLICY	LAST;	SUFFIX;	FIRST;	TITLE		
	additional name						
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
		LAO1,	00111X,	r inoi,	· · · · · · · · · · · · · · · · · · ·		
3 DESCRIPTION OF DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING							
POLICY-MAKING METHODS							
	_						
	additional pages						
4	CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR						
	MORE THAN \$200 FER FEAR	LAST;	SUFFIX;	FIRST;	TITLE		
	not applicable	LACT	OUEEN	FIDOT	TITLE		
	пот аррисавие	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages						
		LAST;	SUFFIX;	FIRST;	TITLE		
		LACT	OUEEW.	FIROT	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
	GO TO SCHEDULE A, PART 4						

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## 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.					
			Atta	ch additional pages as n	eeded.	
REGISTRANT NAME				EMPLOY	EMPLOYER / CLIENT NAME	
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS	,		
2	CORPORATE OFFICERS AND BOARD MEMBERS	LAST;	SUFFIX;	FIRST;	TITLE	
		ADDRESS / F	PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
	additional pages					
		LAST;	SUFFIX;	FIRST;	TITLE	
		ADDRESS / F	O BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
		LAST;	SUFFIX;	FIRST;	TITLE	
		ADDRESS / F	O BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE	
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE	
	MONE STRUCES	LAST;	SUFFIX;	FIRST;	TITLE	
	not applicable					
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE	
			GO T	O 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 29 education 57 occupational regulation abortion 1 30 elections 2 aeronautics 58 oil & gas 3 31 energy open records & open meetings aging 59 environment parks & wildlife 4 agriculture 32 60 5 alcoholic beverage regulation 33 ethics 61 political subdivisions alcoholism & drug abuse family issues probate 6 34 62 7 35 fees & other non-tax revenue 63 product liability 8 amusements, games, sports 36 financial institutions 64 property interests 9 animals 37 fire fighters & police 65 public lands 10 arts & humanities 38 gambling purchasing business & commerce 39 handicapped persons 67 redistricting 11 12 cemeteries 40 health & health care 68 religion charitable & nonprofit organizations 41 highways & roads 69 retirement systems 13 42 historic preservation & museums 14 city government 15 civil remedies & liabilities 43 hospitals 71 special districts & authorities 16 coastal affairs & beaches 44 housing 72 state agencies, boards & commissions common carriers human services state employees, officers & symbols 17 45 73 18 communications & press 46 insurance 74 state finances taxation 19 consumer protection 47 labor 75 20 corporations & associations 48 law enforcement 76 tort reform 21 corrections 49 lawyers 77 tourism transportation 22 county government 50 libraries 78 23 courts 51 malpractice-health care providers 79 utilities crime vehicles & traffic 52 mental health & cognition 80 24 25 criminal procedures 53 military & veterans water 26 day care 54 mines & mineral resources 82 weapons 27 disaster preparedness & relief 55 minors 83 women's issues economic & industrial development 56 nursing homes OTHER \_ 28 84 2 DOCKET NOS. **OR OTHER** DESIGNATION AGENCY **DESIGNATION** not applicable DESIGNATION **AGENCY** additional pages DESIGNATION AGENCY

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

### FORM AREG SCHEDULE A PG 5

	Complete PART 5 only if the employ	yer/client is a state agency.	1 PAGE #			
2	REGISTRANT NAME					
3	EMPLOYER / CLIENT NAME					
4	SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUI	BJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMIS	SSION)			
5	AMOUNT OF SALES COMMISSION / FEE	6 ESTIMATE OF MAXIMUM AMOUNT OF SA (IF EXACT AMOUNT NOT KNOW				
	\$	\$				
7	METHOD UNDER WHICH SALES COMMISSION IS O	COMPUTED (IF EXACT AMOUNT NOT KNOWN)				
	SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUI	BJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMIS	SSION)			
	AMOUNT OF SALES COMMISSION / FEE	ESTIMATE OF MAXIMUM AMOUNT OF SA				
	\$	\$	,			
	METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)					
	SUBJECT MATTER DESCRIPTION (DESCRIBE THE SU	BJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMIS	SSION)			
	AMOUNT OF SALES COMMISSION / FEE	ESTIMATE OF MAXIMUM AMOUNT OF SA	ALES COMMISSION			
	\$	(IF EXACT AMOUNT NOT KNOW				
	METHOD UNDER WHICH SALES COMMISSION IS O	<u> </u>				
		,				
	SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)					
			A. 50 0018 80001			
	AMOUNT OF SALES COMMISSION / FEE	ESTIMATE OF MAXIMUM AMOUNT OF S.  (IF EXACT AMOUNT NOT KNOW				
	\$	\$ 				
	METHOD UNDER WHICH SALES COMMISSION IS (	COMPUTED (IF EXACT AMOUNT NOT KNOWN)				

### **AMENDMENT: ASSISTANT**

## FORM AREG SCHEDULE B

	Use the Form ARE		on Guide for assistan ditional pages as needed	_	ut Schedule B.
1 REGISTRANT NAME			2 REASON FOR AMENDMENT	THIS ASSISTANT IS NEW	INFORMATION ABOUT THE ASSISTANT HAS CHANGED (report only the information that has changed)
3 ASSISTANT NAME					
assistant under a different n	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 BUSINESS ADDRESS BUSINESS ADDRESS BUSINESS BU		SUITE#; CITY; S	TATE; ZIP CODE		
5 ASSISTANT'S OCCUPATION					
6 SUBJECT MATTER		SUBJECT MA	ATTER CATEGORIES		
14 city government 15 civil remedies 8 16 coastal affairs 8 17 common carrie 18 communication 19 consumer prote 20 corporations & 21 corrections 22 county governm 23 courts 24 crime 25 criminal proced 26 day care 27 disaster prepar 28 economic & inc  7 DOCKET NOS. OR OTHER	rug abuse games, sports  ies mmerce enprofit organizations t & liabilities & beaches ers es & press ection associations ment	30 elect 31 ene 32 env 33 ethi 34 fam 35 fees 36 fina 37 fire 38 gan 39 han 40 hea 41 high 42 hist 43 hos 44 hou 45 hun 46 insu 47 labo 48 law 49 law 50 libra 51 mal 52 mer	ironment ics illy issues s & other non-tax revenue ncial institutions fighters & police nbling dicapped persons lth & health care nways & roads oric preservation & museum pitals using nan services urance or enforcement yers aries practice-health care provide ntal health & cognition tary & veterans es & mineral resources	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nursing homes occupational regulation oil & gas open records & open meetings parks & wildlife political subdivisions probate product liability property interests public lands purchasing redistricting religion retirement systems safety special districts & authorities state agencies, boards & commissions state employees, officers & symbols state finances taxation tort reform tourism transportation utilities vehicles & traffic water weapons women's issues OTHER
DESIGNATION  not applicable	DESIGNATION		AGENCY		
additional pages	DESIGNATION		AGENCY		

# AMENDMENT: LOBBY REGISTRATION DELETIONS

### FORM AREG SCHEDULE C

Use the Form AREG Ins	truction Guide for assistance in filling out Schedule C.	1 Total pages this Schedule C:
	Attach additional pages as needed.	
2 REGISTRANT NAME		
Type of Deletion  Employer / Client	Name	
Assistant		
Type of Deletion  Employer / Client	Name	
Assistant		
Type of Deletion Employer / Client Assistant	Name	
Type of Deletion  Employer / Client  Assistant	Name	
Type of Deletion  Employer / Client	Name	
Assistant		
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	