## LOBBY REGISTRATION AMENDMENT

### FORM AREG COVER SHEET

### (For 2024 Registrants)

	Form AREG Instruction Guide explains how to fill out this form.		1 Number of Schedu	es filed: A B		Filer ID		
	explains now to fill of			Yes	No	OFFICE	USE ONLY	
2	REGISTRANT NAME					Date Received		
3	INFORMATION CHANGES	☐ Change Cover ☐ Add New Emp	sistant OR			Date Hand-delivered or Date Postmarked		
		Delete Assista		(Attach AREG	,			
4	REGISTRATION FEE PAID	(SEE INSTRUCTION G	UIDE TO DETERMINE YOU	JR FEE)		Date Processed		
4a	AMOUNT ENCLOSED	\$\$ \$ 750 F	Regular	\$ 150 Non (Proof red See Instr	quired.	Date Imaged		
5	(CHANGED) REPORTING SCHEDULE	Modifi	ed (Annual)	Regular	(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	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 _						
	(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 2 FORM AREG						
REGISTRANT NAME: PAGE #						
FARA REGISTRATION	AGENTS REGISTRATION ACT ("FARA") OF 1938 (22 U.S.C. §§ 611 ET SEQ.) FOR FURTHER INFORMATION.) RRENTLY REGISTERED AND MY FARA REGISTRATION NUMBER IS: RRENTLY REQUIRED TO BE REGISTERED UNDER FARA BUT AM NOT CURRENTLY REGISTERED. T CURRENTLY REGISTERED UNDER FARA AND AM NOT CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA. EXPLANATION:					
14 (NEW) SUBJECT MATTER CATEGORIES         1       abortion         2       aeronautics         3       aging         4       agriculture         5       alcoholic beverage regulation         6       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	29       education	<ul> <li>57 occupational regulation</li> <li>58 oil &amp; gas</li> <li>59 open records &amp; open meetings</li> <li>60 parks &amp; wildlife</li> <li>61 political subdivisions</li> <li>62 probate</li> <li>63 product liability</li> <li>64 property interests</li> <li>65 public lands</li> <li>66 purchasing</li> <li>67 redistricting</li> <li>68 religion</li> <li>69 retirement systems</li> <li>70 safety</li> <li>71 special districts &amp; authorities</li> <li>72 state agencies, boards &amp; commissions</li> <li>73 state finances</li> <li>75 taxation</li> <li>76 tort reform</li> <li>77 tourism</li> <li>78 transportation</li> <li>79 utilities</li> <li>80 vehicles &amp; traffic</li> </ul>				
25       criminal procedures         26       day care         27       disaster preparedness & relief         28       economic & industrial development	53       military & veterans         54       mines & mineral resources         55       minors         56       nursing homes	81water82weapons83women's issues84OTHER				

COVER SHEET PG 3	3			FO	RM AREG
REGISTRANT NAME:			PAGE	#	
14 (NEW) DOCKET NOS. OR OTHER DESIGNATION	DESIGNATION DESIGNATION DESIGNATION	AGENCY AGENCY AGENCY			
me unc I furthe of Inter I furth Employ	best of my knowledge the accompany ler Chapter 305, Government Code. r affirm that, to the best of my knowledg est). (See instructions for the text of S er affirm that, if I selected the Nor yers/Clients that qualify as exempt fr ue Code of 1986.	ge, I have complied with Sec Section 305.028.) n-Profit registration level,	tion 305.028, Gov to the best of	vernment Code (P my knowledge,	rohibited Conflicts I have listed only
	-	Signatu	re of Registrant		
	re me by		_ this the	day of	,
20, to certify which Signature of officer administering o	n, witness my hand and seal of office. An Printed name of o	fficer administering oath		Title of office	r administering oath
(2) Unsworn Declaration		OR			
My name is		, and my date	of birth is		
My address is	(street)		,(state)	,,,,,,,,	(country)
Executed in	County, State of	, on theday	of (month)	, 20 (year)	
		Signature	e of Registrant (I	Declarant)	

AMENDMENT: EM PART 1 – GENERAL II		FORM A	_
Use the Form AREG Instru	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE #	
2 REGISTRANT NAME			
3 EMPLOYER / CLIENT NAME			
4 REASON FOR AMENDMENT	THIS EMPLOYER / CLIENT IS NEW INFORMATION ABOUT THIS I (report only the information that	EMPLOYER / CLIENT HAS CHA t has changed)	NGED
5 (CHANGED) EMPLOYER / CLIENT NAME			
6 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE;	ZIP CODE
PART 2 – COMPENSA	TION		
LEVEL OF COMPENSATION FOR LOBBYING	\$ 0       \$ 215,230 - \$ 322,839.99         LESS THAN \$ 21,520       \$ 322,840 - \$ 430,449.99         \$ 21,520 - \$ 53,809.99       \$ 430,450 - \$ 538,069.99         \$ \$ 21,520 - \$ 53,809.99       \$ 430,450 - \$ 538,069.99         \$ \$ 53,810 - \$ 107,609.99       \$ 538,070 - \$ 645,679.99         \$ \$ 107,610 - \$ 215,229.99       \$ 645,680 - \$ 753,289.99         OR       Exact	<ul> <li>\$ 753,290 - \$ 860,909.99</li> <li>\$ 860,910 - \$ 968,519.99</li> <li>\$ 968,520 - \$ 1,076,129.99</li> <li>OVER \$ 1,076,130</li> <li>(Exact Amount \$</li></ul>	
2 TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE	
INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES         NAME OF ENTITY           ADDRESS OF ENTITY		
PART 3 – ORGANIZAT	IONAL INFORMATION		
IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	ENTITY INDIVIDUAL (Complete PA	RT 4 of Schedule A)	
2 IS THE EMPLOYER / CLIENT A CORPORATION?	YES NO (Complete PART 3(a)	of Schedule A)	
ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of Schedule A) NO (Complete PART 3(b)	of Schedule A)	
IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE ?	YES (Complete PART 5 of Schedule A) NO		
Forms provided by Texas Ethics Co	mmission www.ethics.state.tx.us	Revise	d 1/1/2024

#### 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				LOYER / CLIENT NAME			
REGISTRANT NAME							
1 ENTITY MEMBERSHIP	NUMBER OF	- MEMBERS					
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY	LAST;	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
	2.0.1,						
3 DESCRIPTION OF POLICY-MAKING METHODS	DESCRIBE	METHODS OF ENTITY DE	CISION-MAKING RELATIN	g to lobbying			
additional pages							
4 CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE			
PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR							
	LAST;	SUFFIX;	FIRST;	TITLE			
not applicable	LAST;	SUFFIX;	FIRST;	TITLE			
additional pages							
	LAST;	SUFFIX;	FIRST;	TITLE			
				<b>.</b>			
	LAST;	SUFFIX;	FIRST;	TITLE			
		GO T	O SCHEDULE A	A, PART 4			

#### AMENDMENT: EMPLOYER / CLIENT PART 3(b) – CORPORATION NOT PUBLICLY TRADED

#### 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 NUMBER OF SHAREHOLDERS 1 CORPORATE SHAREHOLDERS 2 CORPORATE LAST; FIRST; SUFFIX; TITLE OFFICERS AND BOARD MEMBERS 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 TITLE LAST; SUFFIX: FIRST: PERSONS OWNING 10% OR MORE SHARES LAST; SUFFIX; FIRST; TITLE not applicable TITLE LAST; SUFFIX: FIRST: additional pages GO TO SCHEDULE A, PART 4

# FORM AREG

SCHEDULE A PG 3

### **AMENDMENT: EMPLOYER / CLIENT PART 4 – LOBBYING SUBJECT MATTER** 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 58 oil & gas aeronautics 2 24 E 0

	$\square$	3	aging	Γ	3	1	energy	$\square$	59	open records & open meetings
	$\square$	4	agriculture	Γ	3	2	environment	$\square$	60	parks & wildlife
	$\square$	5	alcoholic bev	verage regulation	3	3	ethics	$\square$	61	political subdivisions
	$\square$	6	alcoholism &	drug abuse	3	4	family issues	$\square$	62	probate
	$\square$	7	aliens	Γ	3	5	fees & other non-tax revenue	$\square$	63	product liability
	$\square$	8	amusements	, games, sports	3	6	financial institutions	$\square$	64	property interests
	$\square$	9	animals	Γ	3	7	fire fighters & police	$\square$	65	public lands
		10	arts & humar	nities	3	8	gambling		66	purchasing
		11	business & d	commerce	3	9	handicapped persons		67	redistricting
		12	cemeteries		4	0	health & health care		68	religion
		13	charitable &	nonprofit organizations	4	1	highways & roads		69	retirement systems
		14	city governme	ent	4	2	historic preservation & museums		70	safety
		15	civil remedies	s & liabilities	4	3	hospitals		71	special districts & authorities
		16	coastal affair	s & beaches	4	4	housing		72	state agencies, boards & commissions
		17	common car	riers	4	5	human services		73	state employees, officers & symbols
		18	communication	ons & press	4	6	insurance		74	state finances
		19	consumer pr	otection	4	7	labor		75	taxation
		20	corporations	& associations	4	8	law enforcement		76	tort reform
		21	corrections		4	9	lawyers		77	tourism
		22	county gover	nment	5	0	libraries		78	transportation
		23	courts		5	51	malpractice-health care providers		79	utilities
		24	crime		5	2	mental health & cognition		80	vehicles & traffic
		25	criminal proc	cedures	5	3	military & veterans		81	water
		26	day care		5	64	mines & mineral resources		82	weapons
		27	disaster prep	paredness & relief	5	5	minors		83	women's issues
		28	economic &	industrial development	5	6	nursing homes		84	OTHER
2			NOS.							
				DESIGNATION			AGENCY			
	DES	SIGNA								
		not app	olicable	DESIGNATION			AGENCY			
				DEGIGINATION			AOLINOT			
		additio	nal pages	DESIGNATION			AGENCY			
				DESIGNATION			AGENCI			
				-						

#### FORM AREG SCHEDULE A PG 4

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

#### FORM AREG SCHEDULE A PG 5

	Complete PART 5 only if the employer	r/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 SA (IF EXACT AMOUNT NOT KNOW						
	\$	\$						
7	METHOD UNDER WHICH SALES COMMISSION IS COM	MPUTED (IF EXACT AMOUNT NOT KNOWN)						
	SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT	CT MATTER FOR WHICH YOU ARE PAID A SALES COMMIS	SION)					
	AMOUNT OF SALES COMMISSION / FEE	ESTIMATE OF MAXIMUM AMOUNT OF SA (IF EXACT AMOUNT NOT KNOW						
	\$	\$						
	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 SA (IF EXACT AMOUNT NOT KNOW						
	\$	(II EAACI AMOUNT NOT KNOW	(1)					
	METHOD UNDER WHICH SALES COMMISSION IS CO	MPUTED (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 SA (IF EXACT AMOUNT NOT KNOW						
	\$	(ii EXX01 AMOUNT NOT INOT						
	METHOD UNDER WHICH SALES COMMISSION IS CO	MPUTED (IF EXACT AMOUNT NOT KNOWN)						

AMENDMEN	IT: ASSISTAI	ΝТ			FORM AREG Schedule B			
Use the Form AREG Instruction Guide for assistance in filling out Schedule B. Attach additional pages as needed.								
1 REGISTRANT NAM	ΛE							
3 ASSISTANT NAME								
assistant under a differen	if individual was previously registered as an assistant under a different name, mark box							
4 ASSISTANT'S BUSINESS ADDRESS	4 ASSISTANT'S BUSINESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE							
5 ASSISTANT'S OCCUPATION								
6 SUBJECT MATTER		SUBJECT M	ATTER CATEGORIES					
6       alcoholism &         7       aliens         8       amusements         9       animals         10       arts & humar         11       business & co         12       cemeteries         13       charitable & n         14       city governme         15       civil remedies         16       coastal affairs         17       common carr         18       communication         19       consumer pro-	games, sports nities commerce nonprofit organizations ent & liabilities & beaches iers ons & press otection	30       ele         31       ene         32       env         33       eth         34       fan         35       fee         36       fina         37       fire         38       gai         39       har         40       hea         41       hig         42       his         43       hos         44       hou         45       hur	nily issues s & other non-tax revenue ancial institutions fighters & police mbling ndicapped persons alth & health care hways & roads toric preservation & museums spitals using man services urance	56         57         58         59         60         61         62         63         64         65         66         67         68         69         70         71         72         73         74	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			
21       corrections         22       county govern         23       courts         24       crime         25       criminal proc         26       day care         27       disaster prep		49         law           50         libr           51         ma           52         me           53         mili           54         mir	e enforcement ryers aries Ipractice-health care providers ntal health & cognition tary & veterans nes & mineral resources nors	75         76         77         78         79         80         81         82         83         84	taxation tort reform tourism transportation utilities vehicles & traffic water weapons women's issues OTHER			
7 DOCKET NOS. OR OTHER DESIGNATION	DESIGNATION		AGENCY					
not applicable	DESIGNATION		AGENCY					

# AMENDMENT: LOBBY REGISTRATION DELETIONS

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

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