LOBBY REGISTRATION FOR 2018

(For use through December 31, 2018)

FORM REG

COVER SHEET PG 1

The Form REG Ins	struction Guide	1 Number of A		Filer ID	
explains how to fi	Schedules filed: B		OFFICE USE ONLY		
2 REGISTRATION FEE ENCLOSED	(SEE INSTRUCTION GUIDE TO DETER	RMINE YOUR FEE) State State S		Date Received	
3 REPORTING SCHEDULE	MODIFIED (ANNUAL)	(MONTHLY)]	
4 REGISTRANT NAME				Date Hand-delivered or Da	te Postmarked
5 IS THE REGISTRANT AN ENTITY?	YES	NO		Receipt #	Amount\$
6 REGISTRANT'S NORMAL BUSINESS				Date Processed	
7 REGISTRANT'S BUSINESS ADDRESS	ADDRESS/PO BOX; APT/SUITE #; Cl	TY; STATE; ZIP CODE		Date Imaged	
8 REGISTRANT'S MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CITY;	STATE; ZI	PCODE	
same as business address listed above					
9 BUSINESS PHONE	AREA CODE PHONE NUM	BER	EXTENSION		
10 IS THE REGISTRANT A LOBBY FIRM	YES NAME OF FIRM				
EMPLOYEE?	ADDRESS OF FIRM				
	PHONE NO. OF FIRM				
11 PERSON(S) PROVIDING COMPENSATION AND/OR	NAME OF INDIVIDUAL OR ENTITY				
REIMBURSEMENT FROM POLITICAL FUNDS	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZI	PCODE	
additional pages					
on PART 3(a) or 3(b) of 3 information by the 10th	TON. If any of the information pr SCHEDULE A), you must file a LOI n day of the month following th filed monthly activities report (F	BBY REGISTRATION A the month the information of the second s	MENDMENT (FO	RM AREG) showing	the changed

COVER SHEET PG 2 FORM REG								
REGISTRANT NAME: PAGE #								
12 SUBJECT MATTER CATEGORIES 1 abortion 2 aeronautics 3 aging	29 education 30 elections 31 energy	 57 occupational regulation 58 oil & gas 59 open records & open meetings 						
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	32 environment 33 ethics 34 family issues 35 fees & other non-tax revenue 36 financial institutions 37 fire fighters & police 38 gambling 39 handicapped persons 40 health & health care 41 highways & roads 42 historic preservation & museums 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-health care providers	 60 parks & wildlife 61 political subdivisions 62 probate 63 product liability 64 property interests 65 public lands 66 purchasing 67 redistricting 68 religion 69 retirement systems 70 safety 71 special districts & authorities 72 state agencies, boards & commissions 73 state employees, officers & symbols 74 state finances 75 taxation 76 tort reform 77 tourism 78 transportation 79 utilities 						
24 crime 25 criminal procedures 26 day care 27 disaster preparedness & relief 28 economic & industrial development	52 mental health & cognition 53 military & veterans 54 mines & mineral resources 55 minors 56 nursing homes	 80 vehicles & traffic 81 water 82 weapons 83 women's issues 84 OTHER 						
OTHER DESIGNATION DESIGNATION not applicable DESIGNATION additional pages DESIGNATION	AGENCY AGENCY AGENCY							
14 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). (See instructions for the text of Section 305.028.) I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.								
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of Reg	pistrant						
Sworn to and subscribed before me, by the said		-						
of, 20	, to certify which, witness my hand and seal of of	ffice.						
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath								

EMPLOYER / CLIE PART 1 – GENERAL II	FORM REG SCHEDULE A PG 1	
Use the Form REG Instruction	on Guide for assistance in filling out Schedule A Part 1.	1 PAGE #
2 REGISTRANT NAME		
3 EMPLOYER / CLIENT NAME		
4 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
PART 2 – COMPENSA	TION	
1 LEVEL OF COMPENSATION FOR LOBBYING	\$ 0 \$ 100,000 - \$ 149,999.99 LESS THAN \$ 10,000 \$ 150,000 - \$ 199,999.99 \$ 10,000 - \$ 24,999.99 \$ 200,000 - \$ 249,999.99 \$ 25,000 - \$ 49,999.99 \$ 250,000 - \$ 299,999.99 \$ 50,000 - \$ 99,999.99 \$ 300,000 - \$ 349,999.99	 \$ 350,000 - \$ 399,999.99 \$ 400,000 - \$ 449,999.99 \$ 450,000 - \$ 500,000 OVER \$ 500,000 (Exact Amount \$) OR 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	
PART 3 – ORGANIZAT	IONAL INFORMATION	
1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	ENTITY INDIVIDUAL (Cor	mplete PART 4 of Schedule A)
2 IS THE EMPLOYER / CLIENT A CORPORATION?	YES NO (Complete F	PART 3(a) of Schedule A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of Schedule A) NO (Complete F	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	

EMPLOYER / CLIENT PART 3(a) – UNINCORPORATED ENTITY

FORM REG

SCHEDULE A PG 2

	Complete PART 3(a is an unincorporate) only if th ed entity.	e employer/clie	nt covered by Sched	ule A	PAGE #
RI	EGISTRANT NAME			EMPLOYE	R / CLIENT NAME	Ē
1	ENTITY MEMBERSHIP	NUMBER OF N	EMBERS			
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	
3	DESCRIPTION OF POLICY-MAKING METHODS	DESCRIBE M	ETHODS OF ENTITY DE	CISION-MAKING RELATING TO I	LOBBYING	
	additional pages					
4	CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE	
	PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR					
		LAST;	SUFFIX;	FIRST;	TITLE	
	not applicableadditional pages	LAST;	SUFFIX;	FIRST;	TITLE	
		LAST;	SUFFIX;	FIRST;	TITLE	
		LAST;	SUFFIX;	FIRST;	TITLE	
			GO	TO SCHEDULE A, PA	RT 4	

EMPLOYER / CLIENT PART 3(b) – CORPORATION NOT PUBLICLY TRADED							FORM REG SCHEDULE A PG 3			
Complete PART 3(is a corporation w	PAGE #									
REGISTRANT NAME			EMPL	OYER / CLIE	ENT NAME					
1 CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS								
2 CORPORATE OFFICERS AND BOARD MEM- BERS	LAST;	SUFFIX;	FIRST;		TITLE					
BEIKO	ADDRESS / F	PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE			
additional pages										
	LAST;	SUFFIX;	FIRST;		TITLE					
	ADDRESS / F	PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE			
	LAST;	SUFFIX;	FIRST;		TITLE					
	ADDRESS / F	PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE			
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;		TITLE					
	LAST;	SUFFIX;	FIRST;		TITLE					
PERSONS OWNING 10% OR MORE SHARES										
_	LAST;	SUFFIX;	FIRST;		TITLE					
 not applicable additional pages 	LAST;	SUFFIX;	FIRST;		TITLE					
		G	O TO SCHEDULE	E A, PART 4	1					

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EMPLOYER / CLIENT PART 4 – LOBBYING SUBJECT MATTER

FORM REG Schedule A PG 4

Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 4.								PA	GE#	
REGISTRANT NAME EMPLOYER/ CLIENT N							NAME			
1 SUBJECT MATTER ALL MATTERS MARKED ON COVER SHEE						SHEET				
SUBJECT MATTER CA						TER CATEGORIES				
		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	alcoholism & aliens animals arts & human business & co cemeteries charitable & n city governme civil remedies coastal affairs communicatio consumer pro corporations & corrections county govern courts crime criminal proce day care	games, sports ties ommerce onprofit organizations ent & liabilities & beaches ers ons & press tection & associations		financial institu fire fighters & gambling handicapped p health & healt highways & ro historic presen hospitals housing human service insurance labor law enforceme lawyers libraries	police bersons h care ads rvation & museums es ent ealth care providers a & cognition trans ral resources		 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 80 81 82 83 84 	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
2 DOCKET NOS. OR OTHER										
DESIGNATION DESIGNATION			A	GENCY						
				A	GENCY					
additional pages		nal pages	DESIGNATION	DESIGNATION		AGENCY				

EMPLOYER / CLIENT PART 5 – STATE AGENCY AS A CLIEI	FORM REG Schedule A PG 5									
Complete PART 5 only if the employer/client is	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 S	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 S (IF EXACT AMOUNT NOT KNOW									
\$	\$									
7 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 KNOW									
\$	\$									
METHOD UNDER WHICH SALES COMMISSION IS	METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)									
SUBJECT MATTER DESCRIPTION (DESCRIBE THE S	SUBJECT 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 KNO)									
\$	\$									
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)									
\$	\$\$									
METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)										

ASSISTANT	F							FORM REG Schedule B	
Use the Form REG Instruction Guide for assistance in filling out Schedule B. PAGE #									
1 REGISTRANT NAM		2 ASSISTA	NT NAME	·					
3 ASSISTANT'S ADDRESS / PO BOX; APT / SUITE #; BUSINESS ADDRESS			; CITY;			STATE;	ZIP CODE		
4 ASSISTANT'S OCCUPATION									
5 SUBJECT MATTER	ALL MATTER	S MARKE	D ON COVER S	SHEET					
		S	SUBJECT MAT	TER CATEGO	RIES				
6 alcoholism & d 7 aliens 8 amusements, 9 animals 10 arts & humani 11 business & co 12 cemeteries 13 charitable & nd 14 city governme 15 civil remedies 16 coastal affairs 17 communicatio 19 consumer proi 20 corporations & 21 corrections 22 county govern 23 courts 24 crime 25 criminal proce 26 day care 27 disaster prepa 28 economic & in	games, sports ties mmerce onprofit organizations nt & liabilities & beaches ers ns & press tection & associations ment	29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 9 50 51 52 53 54	education elections energy environment ethics family issues fees & other nor financial instituti fire fighters & po gambling handicapped pe health & health highways & road historic preserva hospitals housing human services insurance labor law enforcement lawyers libraries	n-tax revenue ons blice ersons care ds ation & museums t t alth care providers & cognition ans		57 58 59 60 61 62 63 64 65 66 70 71 72 73 74 75 76 77 80 81 82 83	parks & wildlif political subdiv probate product liability property intere- public lands purchasing redistricting religion retirement sys safety special district state agencies state employe state finances taxation tort reform tourism transportation utilities vehicles & trat water weapons women's issue	& open meetings e visions y ests tems ts & authorities s, boards & commissions es, officers & symbols	
6 DOCKET NOS. OR OTHER DESIGNATION	DESIGNATION		A0	GENCY					
 not applicable additional pages 	DESIGNATION		A	GENCY					
	DESIGNATION		A0	GENCY					