

LOBBY REGISTRATION FOR 2023

(For use through December 31, 2023)

FORM REG
COVER SHEET PG 1

The Form REG Instruction Guide explains how to fill out this form.		1 Number of Schedules filed: A _____ B _____	Filer ID _____
		OFFICE USE ONLY	
2 REGISTRATION FEE ENCLOSED	(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) <input type="checkbox"/> \$ 750 Regular <input type="checkbox"/> \$ 150 Non-Profit (Proof required. See Instructions)		Date Received _____
3 REPORTING SCHEDULE	<input type="checkbox"/> MODIFIED (ANNUAL) <input type="checkbox"/> REGULAR (MONTHLY)		Date Hand-delivered or Date Postmarked _____
4 REGISTRANT NAME			Receipt # _____ Amount \$ _____
5 IS THE REGISTRANT AN ENTITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Processed _____
6 REGISTRANT'S NORMAL BUSINESS			Date Imaged _____
7 REGISTRANT'S BUSINESS ADDRESS	ADDRESS/PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE		
8 REGISTRANT'S MAILING ADDRESS	ADDRESS/PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> same as business address listed above			
9 BUSINESS PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
10 IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?	<input type="checkbox"/> YES NAME OF FIRM _____ ADDRESS OF FIRM _____ PHONE NO. OF FIRM _____ <input type="checkbox"/> NO		
11 PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS	NAME OF INDIVIDUAL OR ENTITY _____		
<input type="checkbox"/> additional pages	ADDRESS/PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE		
CHANGES IN INFORMATION. If any of the information provided in this registration changes (other than information requested on PART 3(a) or 3(b) of SCHEDULE A), you must file a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed information by the 10th day of the month following the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).			

REGISTRANT NAME:

PAGE #

12 FARA REGISTRATION

(SEE THE FOREIGN AGENTS REGISTRATION ACT ("FARA") OF 1938 (22 U.S.C. §§ 611 ET SEQ.) FOR FURTHER INFORMATION.)

- I AM CURRENTLY REGISTERED AND MY FARA REGISTRATION NUMBER IS: _____
- I AM CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA BUT AM NOT CURRENTLY REGISTERED.
- I AM NOT CURRENTLY REGISTERED UNDER FARA AND AM NOT CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA.
- OTHER EXPLANATION: _____

13 SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communications & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | <input type="checkbox"/> 84 OTHER _____ |

REGISTRANT NAME:

PAGE #

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

DESIGNATION

DESIGNATION

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.

Signature of Registrant

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Registrant (Declarant)

**EMPLOYER / CLIENT
PART 1 – GENERAL INFORMATION**

**FORM REG
SCHEDULE A PG 1**

1 PAGE #

Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 1.

2 REGISTRANT NAME

3 EMPLOYER / CLIENT NAME

4 EMPLOYER /CLIENT MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PART 2 – COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING

- \$ 0
- LESS THAN \$ 20,220
- \$ 20,220 - \$ 50,539.99
- \$ 50,540 - \$ 101,089.99
- \$ 101,090 - \$ 202,179.99
- \$ 202,180 - \$ 303,269.99
- \$ 303,270 - \$ 404,349.99
- \$ 404,350 - \$ 505,439.99
- \$ 505,440 - \$ 606,529.99
- \$ 606,530 - \$ 707,619.99
- \$ 707,620 - \$ 808,709.99
- \$ 808,710 - \$ 909,799.99
- \$ 909,800 - \$ 1,010,879.99
- OVER \$ 1,010,880
(Exact Amount \$ _____)
- OR
Exact Amount \$ _____

2 TYPE OF COMPENSATION BEING REPORTED

- PAID
- EARNED (but not received)
- PROSPECTIVE

3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY

- YES
NAME OF ENTITY _____
ADDRESS OF ENTITY _____
PHONE NO. OF ENTITY _____
- NO

PART 3 – ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?

- ENTITY
- INDIVIDUAL (Complete PART 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

EMPLOYER / CLIENT
PART 3(a) – UNINCORPORATED ENTITY

FORM REG
SCHEDULE A PG 2

Complete PART 3(a) only if the employer/client covered by Schedule A is an unincorporated entity.

PAGE #

REGISTRANT NAME	EMPLOYER / CLIENT NAME
-----------------	------------------------

1 ENTITY MEMBERSHIP	NUMBER OF MEMBERS
----------------------------	-------------------

2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY <input type="checkbox"/> additional pages	LAST;	SUFFIX;	FIRST;	TITLE

3 DESCRIPTION OF POLICY-MAKING METHODS <input type="checkbox"/> additional pages	DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING
--	---

4 CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR <input type="checkbox"/> not applicable <input type="checkbox"/> additional pages	LAST;	SUFFIX;	FIRST;	TITLE

GO TO SCHEDULE A, PART 4

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

FORM REG
SCHEDULE A PG 3

Complete PART 3(b) only if the employer/client covered by Schedule A is a corporation whose shares are not publicly traded.

PAGE #

REGISTRANT NAME

EMPLOYER / CLIENT NAME

1 CORPORATE SHAREHOLDERS

NUMBER OF SHAREHOLDERS

2 CORPORATE OFFICERS AND BOARD MEMBERS

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

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

3 CORPORATE OWNERSHIP/ HOLDINGS

PERSONS OWNING 10% OR MORE SHARES

not applicable

additional pages

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

GO TO SCHEDULE A, PART 4

**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.

PAGE #

REGISTRANT NAME

EMPLOYER/ CLIENT NAME

1 SUBJECT MATTER

ALL MATTERS MARKED ON COVER SHEET

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communications & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
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| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | <input type="checkbox"/> 84 OTHER _____ |

2 DOCKET NOS.
OR OTHER
DESIGNATION

- not applicable
 additional pages

DESIGNATION _____

AGENCY _____

DESIGNATION _____

AGENCY _____

DESIGNATION _____

AGENCY _____

EMPLOYER / CLIENT
PART 5 – STATE AGENCY AS A CLIENT

FORM REG
SCHEDULE A PG 5

Complete PART 5 only if the employer/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 SALES COMMISSION
 (IF EXACT AMOUNT NOT KNOWN)

\$

7 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 SALES COMMISSION
 (IF EXACT AMOUNT NOT KNOWN)

\$

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 SALES COMMISSION
 (IF EXACT AMOUNT NOT KNOWN)

\$

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 SALES COMMISSION
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

ASSISTANT

FORM REG SCHEDULE B

Use the Form REG Instruction Guide for assistance in filling out Schedule B.

PAGE #

1 REGISTRANT NAME

2 ASSISTANT NAME

3 ASSISTANT'S
BUSINESS
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4 ASSISTANT'S
OCCUPATION

5 SUBJECT
MATTER

ALL MATTERS MARKED ON COVER SHEET

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
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| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | <input type="checkbox"/> 84 OTHER _____ |

6 DOCKET NOS.
OR OTHER
DESIGNATION

DESIGNATION _____

AGENCY _____

- not applicable
 additional pages

DESIGNATION _____

AGENCY _____

DESIGNATION _____

AGENCY _____