## LOBBY REGISTRATION FOR 2024

### (For use through December 31, 2024)

# FORM REG

COVER SHEET PG 1

The Form REG In		struction Guide	<b>1</b> Number of A		Filer ID		
	explains how to fi	ll out this form.	Schedules filed: B		OFFICE US	E ONLY	
2	REGISTRATION FEE ENCLOSED	(SEE INSTRUCTION GUIDE TO DETER	MINE YOUR FEE) \$ 150 Non-Profit (Proof required. See	Instructions	Date Received		
3	REPORTING SCHEDULE	MODIFIED (ANNUAL)					
4	REGISTRANT NAME				Date Hand-delivered or Da	ate Postmarked	
5	IS THE REGISTRANT AN ENTITY?	YES	NO		Receipt #	Amount\$	
6	REGISTRANT'S				Date Processed		
0	NORMAL BUSINESS				Date Imaged		
7	REGISTRANT'S BUSINESS ADDRESS	ADDRESS / PO BOX; APT /	SUITE #; CITY; STATE;	ZIP CODE			
8	REGISTRANT'S MAILING ADDRESS same as business address listed above	ADDRESS/PO BOX;	APT / SUITE #; C	СПΥ;	STATE	; ZIP CODE	
9	BUSINESS PHONE	AREA CODE PHONE NUME	BER	EXTENSION			
10	IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?	YES NAME OF FIRM - ADDRESS OF FIRM PHONE NO. OF FIRM					
11	PERSON(S) PROVIDING COMPENSATION AND/OR	NAME OF INDIVIDUAL OR ENTITY					
	REIMBURSEMENT FROM POLITICAL FUNDS additional pages	ADDRESS / PO BOX;	APT/SUITE#; C	CITY;	STATE	; ZIP CODE	
i	on PART 3(a) or 3(b) of \$ information by the 10th	TON. If any of the information p SCHEDULE A), you must file a LC n day of the month following the filed monthly activities report (F	BBY REGISTRATION AME ne month the information	NDMENT (FO	ORM AREG) showi	ng the changed	

COVER SHEET PG 2 FORM REG							
REGISTRANT NAME:	REGISTRANT NAME: PAGE #						
	SEQ.) FOR FURTHER INFORMATION.)						
13       SUBJECT MATTER CATEGORIES         1       abortion         2       aeronautics         3       aging         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       communications & press         19       consumer protection         20       corporations & associations         21       courts         22       county government         23       courts         24       crime         25       criminal procedures         26       day care	29       education         30       elections         31       energy         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         52       mental health & cognition         53       military & veterans         54       mines & mineral resources	57occupational regulation58oil & gas59open records & open meetings60parks & wildlife61political subdivisions62probate63product liability64property interests65public lands66purchasing67redistricting68religion69retirement systems70safety71special districts & authorities72state agencies, boards & commissions73state finances75taxation76tort reform77tourism78transportation79utilities80vehicles & traffic81water82weapons					
27 disaster preparedness & relief     28 economic & industrial development	55     minors       56     nursing homes	83         women's issues           84         OTHER					

COVER SHEET PG 3	;				FOR	M REG		
REGISTRANT NAME:				PAGE #	ŧ			
13 DOCKET NOS. OR OTHER DESIGNATION	DESIGNATION DESIGNATION DESIGNATION	AGI						
by me	best of my knowledge the accomunder Chapter 305, Government Coor r affirm that, to the best of my knowle est). (See instructions for the text of	de. dge, I have con	plied with Section 3					
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				
<b>(1) Affidavit</b> NOTARY STAMP/SEAL			ner option be	now:				
	e me by n, witness my hand and seal of office		this	the	day of	,		
Signature of officer administering o			ering oath		Title of officer	administering oath		
(2) Unsworn Declaration								
			-					
	(street) County, State of		(city) day of	(state)	(zip code)			
			Signature of R	egistrant (D	eclarant)			

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       \$ 215,230 - \$ 322,839.99         LESS THAN \$ 21,520       \$ 322,840 - \$ 430,449.99         \$ 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	<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         (Exact Amount \$) OR         Exact Amount \$)</li> </ul>
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 (Co	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 I	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 unincorporat	a) only if tl ed entity.	ne employer/clie	nt covered by Sched	lule A PAGE #	
REGISTRANT NAME			EMPLOYE	ER / CLIENT 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	
3 DESCRIPTION OF POLICY-MAKING METHODS	DESCRIBE M	IETHODS OF ENTITY DE	CISION-MAKING RELATING TO	LOBBYING	
additional pages					
4 CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE	
PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR	LAST;	SUFFIX;	FIRST;	TITLE	
<ul> <li>not applicable</li> <li>additional pages</li> </ul>	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
Complete PART 3( is a corporation w	b) only if th hose share	ne employer/cl s are not publi	ient covered by icly traded.	Schedule /	4	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			
BERG	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			
<ul> <li>not applicable</li> <li>additional pages</li> </ul>	LAST;	SUFFIX;	FIRST;		TITLE			
GO TO SCHEDULE A, PART 4								

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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#	
RE	EGISTRANT NAME	EMPLOYER/CLIENT	NAME						
1	SUBJECT MATTER	HEET							
			SU	IBJECT MATT	ER CATEGORIES				
	6       alcoholism & aliens         7       aliens         8       amusements,         9       animals         10       arts & human         11       business & cc         12       cemeteries         13       charitable & n         14       city governme         15       civil remedies         16       coastal affairs         17       common carri         18       communication         20       corporations &         21       corrections         22       county govern         23       courts         24       crime         25       criminal proce         26       day care         27       disaster prepara	games, sports ities ommerce onprofit organizations ent & liabilities & beaches ers ons & press tection & associations		financial institu fire fighters & f gambling handicapped p health & health highways & ro historic preser hospitals housing human service insurance labor law enforceme lawyers libraries	police persons in care ads vation & museums es ent ealth care providers & cognition rans ral resources		<ul> <li>58</li> <li>59</li> <li>60</li> <li>61</li> <li>62</li> <li>63</li> <li>64</li> <li>65</li> <li>66</li> <li>67</li> <li>68</li> <li>69</li> <li>70</li> <li>71</li> <li>72</li> <li>73</li> <li>74</li> <li>75</li> <li>76</li> <li>77</li> <li>78</li> <li>79</li> <li>80</li> <li>81</li> <li>82</li> <li>83</li> <li>84</li> </ul>	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			GENCY GENCY				
	additional pages	DESIGNATION		A	GENCY				

EMPLOYER / CLIENT PART 5 – STATE AGENCY AS A CLIE	FORM REG Schedule A PG 5							
Complete PART 5 only if the employer/client i	s a state agency.	1 PAGE #						
2 REGISTRANT NAME								
3 EMPLOYER / CLIENT NAME								
<b>4</b> 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 KNOV							
\$	\$							
7 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 KNOW							
\$	\$							
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 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	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	F							FORM REG Schedule B
Use the Form REC	G Instruction Guide f	or assista	ance in fillin	g out Schedule B.		PAG	E #	
1 REGISTRANT NAM	1 REGISTRANT 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 MARKED	ON COVER S	SHEET				
		SI	UBJECT MAT	TER CATEGORIES				
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       communication         19       consumer prot         20       corporations &         21       corrections         22       county govern         23       courts         24       crime         25       criminal proce         26       day care         27       disaster prepare	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         40         41         42         43         44         45         46         47         48         50         51         52         53         54	education elections energy environment ethics family issues fees & other non financial instituti fire fighters & po gambling handicapped pe health & health & historic preserva hospitals housing human services insurance labor law enforcement awyers libraries	I-tax revenue ons Nice rsons care ds ation & museums t t Ith care providers & cognition ns		] 57 ] 58 ] 59 ] 60 ] 61 ] 62 ] 63 ] 64 ] 65 ] 64 ] 65 ] 66 ] 67 ] 68 ] 70 ] 71 ] 72 ] 73 ] 74 ] 75 ] 77 ] 78 ] 77 ] 78 ] 79 ] 80 ] 81 ] 82 ] 83 ] 84	state employees state finances taxation tort reform tourism transportation utilities vehicles & traffic water weapons women's issues	open meetings sions ts ems & authorities boards & commissions s, officers & symbols
OR OTHER DESIGNATION	DESIGNATION		AC	GENCY				
<ul> <li>not applicable</li> <li>additional pages</li> </ul>	DESIGNATION			GENCY				