



**LOBBYIST STATEMENT OF REGISTRATION**

This Statement of Registration, Form A, consists of Parts 1 & 2. You must complete both parts; only Part 1, A.2 may be left blank. An amendment to this Statement of Registration, Form B, must be filed within 14 days of any substantial change in the information contained in this Registration Statement. NOTE: Pursuant to Section 2-156-290 of the City's Municipal Code, information you provide shall be made available to the public, which may include posting by the City on the Internet.

**A. REGISTRATION INFORMATION**

1.  NAME (First, MI, Last): \_\_\_\_\_ Suffix: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. Name and contact information to which you want mail or correspondence sent **if different from above.**

NAME (First, MI, Last): \_\_\_\_\_ Suffix: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

3. Self Employed  **OR:**

Employer Name: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. This statement is accompanied by a registration fee of \$350.00 and 75.00 for each client after the first client in the form off:

Check or Money Order Number: \_\_\_\_\_

**B. VERIFICATION:**

I, \_\_\_\_\_

, as Registrant, state under oath or affirm or represent that I have examined the information in this Statement of Registration, which consists of Parts 1&2, including any attachments, and that to the best of my knowledge, information and belief, the information is accurate and complete.

\_\_\_\_\_  
 Signature of Registrant or Designated Representative.

\_\_\_\_\_  
 Date

Signed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

# LOBBYIST STATEMENT OF REGISTRATION

**Form A**  
**Part 2 of 2**

Part 2, C-F MUST be completed for each client on whose behalf the registrant expects to lobby the City or any City agency. REMINDER: There is an annual fee of \$75.00 for each additional registered client after the first client.

REGISTRANT NAME: \_\_\_\_\_

3. Self Employed  OR Employer Name: \_\_\_\_\_

## C. CLIENT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## D. CONTRACTS / AUTHORIZATIONS

CONTRACT DATE:

1. Have you received or do you anticipate receiving compensation for lobbying for this client?

2. Have you incurred or do you anticipate incurring expenses on behalf of this client, whether or not you are reimbursed?

3. The Registrant lobbies on behalf of this client pursuant to:

ORAL AGREEMENT:

**READ THIS!** If the agreement is in writing, you must attach a copy of the relevant portion(s) of the agreement that describes the terms of the agreement between the Registrant and the client. If the agreement is oral, you must provide a written statement above reciting (i) whether you are authorized to incur expenditures on behalf of this client, (ii) whether expenditures you incur will be reimbursed by the client, and (iii) how your lobbying-related compensation, if any, is determined (e.g. salary, monthly retainer, hourly fee, etc...)

## E. LOBBYING INFORMATION:

Identify each City agency that the Registrant expects to lobby on behalf of this client.

**F. NATURE OF CLIENT'S BUSINESS:** Choose the one category that best describes the nature of your client's business.

CHOOSE ONE

OTHER (specify):