LOBBYING ACTIVITY REPORT

For		
01.		

Form C Part 3 of 3 Page 1 of 2

Part 3, E-H must be completed for each client on whose behalf lobbying was performed, on whose behalf expenditures were made, or from whom compensation was received during the reporting period.

REGISTRANT NAME:			
Self Employed: OR Employer Name: _			
CLIENT INFORMATION:			
1. Client Name:			
Business Address:	iness Address: City:		Zip:
2. State the nature of your client's business:			
3. Has this client retained, employed, or designith respect to the lobbying activity covered b		another person or entity	
F YES, state the name of that other person / en	tity, its address, and the nature of	its business. in the space below:	
Below, please (1) state the name of each	brief description of the legislativ	e or administrative action prome	oted or oppo
Below, please (1) state the name of each administrative action or both; and (3) give a Be specific. For example, for real estate on additional the formula of the formula of the state of t	brief description of the legislative r zoning matters, provide the a	e or administrative action prome address of the property. For li	oted or oppo censing mat vn. ATT/
Below, please (1) state the name of each administrative action or both; and (3) give a Be specific. For example, for real estate of indicate the type of license. Include the fADDITIONAL SHEETS IF NECESSARY.	brief description of the legislative zoning matters, provide the aformal designation of any prop	e or administrative action prome address of the property. For li osed action or project, if know ACTION SOUGHT	oted or oppo censing mat vn. ATTA
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REGISTRA	NT:				Part 3 of 3
Client Nar	ne:				Page 2 of 2
G. COMPENS	ATION:				
Was lobbying	related compe	nsation received during th	is reporting period from this client?		
		bying-related compensati porting period to the near			
			obbying accounts for only a portion of your spent on lobbying compared to the time spe		
H. EXPENDIT	URES:				
1. During this re \$250 or more?	eporting period	l has any single expenditu	re paid by you or charged to your client to	otaled	
IF YOU ANSW additional sheet			nditure of \$250 or more provide the	following inforr	nation. Attach
Date	Amount	Purpose of the Expenditure	Name, Address & Nature of business of the recipient of the expenditure	action, if any, in	Administrative a connection with nditure was made
		 bying-related expenditure F THAT AMOUNT IS "0"	s paid by you or charged to your client in	each category.	ENTER AN
a. Office	expenses (ever	n if "0")			
b. Comp	ensation to oth	ners (even if "0")			
c. Public	education, adv	vertising and publications	(even if "0")		
d. Persoi	nal sustenance,	, travel and lodging (even i	f "0")		
e. Other	expenses, not i	reported above (even if "0	")		
	Total amo	ount of expenditures (even	if "O")		