

**LOBBY REGISTRATION AMENDMENT
(For 2025 Registrants)**

**FORM AREG
COVER SHEET**

<p>Form AREG Instruction Guide explains how to fill out this form.</p>		<p>1 Number of Schedules filed: A _____ B _____</p> <p>Schedule C filed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Filer ID _____</p>	
		<p>OFFICE USE ONLY</p>			
<p>2 REGISTRANT NAME _____</p>				<p>Date Received _____</p>	
<p>3 INFORMATION CHANGES</p>		<p>THIS AMENDED REGISTRATION IS BEING FILED IN ORDER TO:</p> <p><input type="checkbox"/> Change Cover Sheet Information (Complete AREG COVER SHEET)</p> <p><input type="checkbox"/> Add New Employer / Client OR Change Employer / Client Information (Attach AREG SCHEDULE A)</p> <p><input type="checkbox"/> Delete Employer / Client (Attach AREG SCHEDULE C)</p> <p><input type="checkbox"/> Add New Assistant OR Change Assistant Information (Attach AREG SCHEDULE B)</p> <p><input type="checkbox"/> Delete Assistant (Attach AREG SCHEDULE C)</p>		<p>Date Hand-delivered or Date Postmarked _____</p>	
<p>4 REGISTRATION FEE PAID</p>		<p>(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE)</p> <p><input type="checkbox"/> \$ 750 Regular <input type="checkbox"/> \$ 150 Non-Profit (Proof required. See Instructions)</p>		<p>Receipt # _____ Amount \$ _____</p>	
<p>4a AMOUNT ENCLOSED</p>		<p>\$ _____</p>		<p>Date Processed _____</p>	
<p>5 (CHANGED) REPORTING SCHEDULE</p>		<p><input type="checkbox"/> Modified (Annual) <input type="checkbox"/> Regular (Monthly)</p>		<p>Date Imaged _____</p>	
<p>6 (CHANGED) REGISTRANT NAME</p>					
<p>7 (CHANGED) REGISTRANT'S NORMAL BUSINESS</p>					
<p>8 (CHANGED) REGISTRANT'S BUSINESS ADDRESS</p>		<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>9 (CHANGED) REGISTRANT'S MAILING ADDRESS</p> <p><input type="checkbox"/> same as above</p>		<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>10 (CHANGED) REGISTRANT'S BUSINESS PHONE</p>		<p>Area Code Phone Number Extension ()</p>			
<p>11 (CHANGED) EMPLOYER INFORMATION</p> <p>(IF EMPLOYER IS LOBBY FIRM)</p> <p><input type="checkbox"/> not applicable</p>		<p>Name of Firm _____</p> <p>Address of Firm _____</p> <p>Phone No. of Firm _____</p>			
<p>12 (CHANGED) PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS</p> <p><input type="checkbox"/> additional pages</p>		<p>(NAME OF INDIVIDUAL OR ENTITY)</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			

REGISTRANT NAME:

PAGE #

13 (CHANGED)
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: _____

14 (NEW) 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 #

14 (NEW) DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

DESIGNATION

DESIGNATION

DESIGNATION

AGENCY

AGENCY

AGENCY

15 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)

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

**FORM AREG
SCHEDULE A PG 1**

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

1 PAGE #

2 REGISTRANT NAME					
3 EMPLOYER / CLIENT NAME					
4 REASON FOR AMENDMENT	<input type="checkbox"/> THIS EMPLOYER / CLIENT IS NEW	<input type="checkbox"/> INFORMATION ABOUT THIS EMPLOYER / CLIENT HAS CHANGED (report only the information that has changed)			
5 (CHANGED) EMPLOYER / CLIENT NAME					
6 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE

PART 2 – COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 222,440 - \$ 333,599.99	<input type="checkbox"/> \$ 778,540 - \$ 889,759.99
	<input type="checkbox"/> LESS THAN \$ 22,240	<input type="checkbox"/> \$ 333,600 - \$ 444,879.99	<input type="checkbox"/> \$ 889,760 - \$ 1,000,979.99
	<input type="checkbox"/> \$ 22,240 - \$ 55,609.99	<input type="checkbox"/> \$ 444,880 - \$ 556,099.99	<input type="checkbox"/> \$ 1,000,980 - \$ 1,112,199.99
	<input type="checkbox"/> \$ 55,610 - \$ 111,219.99	<input type="checkbox"/> \$ 556,100 - \$ 667,319.99	<input type="checkbox"/> OVER \$ 1,112,200 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 111,220 - \$ 222,439.99	<input type="checkbox"/> \$ 667,320 - \$ 778,539.99	OR Exact Amount \$ _____
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES	NAME OF ENTITY _____	
		ADDRESS OF ENTITY _____	
	<input type="checkbox"/> NO	PHONE NO. OF ENTITY _____	

PART 3 – ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	<input type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of Schedule A)
2 IS THE EMPLOYER / CLIENT A CORPORATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of Schedule A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input type="checkbox"/> YES (Complete PART 4 of Schedule A)	<input type="checkbox"/> NO (Complete PART 3(b) of Schedule A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE ?	<input type="checkbox"/> YES (Complete PART 5 of Schedule A)	<input type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
PART 3(a) – UNINCORPORATED ENTITY

FORM AREG
SCHEDULE A PG 2

Complete PART 3(a) only if the employer/client covered by this SCHEDULE A is an unincorporated entity.
Attach additional pages as needed.

REGISTRANT NAME

EMPLOYER / 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 METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING

additional pages

4 CONTRIBUTORS

PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

not applicable

LAST; SUFFIX; FIRST; TITLE

additional pages

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

GO TO SCHEDULE A, PART 4

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

FORM AREG
SCHEDULE A PG 3

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

Attach additional pages as needed.

REGISTRANT NAME

EMPLOYER / CLIENT NAME

1 CORPORATE SHAREHOLDERS

NUMBER OF SHAREHOLDERS

2 CORPORATE OFFICERS AND BOARD MEMBERS

LAST; SUFFIX; FIRST; TITLE

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

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

3 CORPORATE OWNERSHIP/ HOLDINGS

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

PERSONS OWNING 10% OR MORE SHARES

LAST; SUFFIX; FIRST; TITLE

not applicable

LAST; SUFFIX; FIRST; TITLE

additional pages

GO TO SCHEDULE A, PART 4

**AMENDMENT: EMPLOYER / CLIENT
PART 4 – LOBBYING SUBJECT MATTER**

**FORM AREG
SCHEDULE A PG 4**

**Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 4.
Attach additional pages as needed.**

REGISTRANT NAME

EMPLOYER / CLIENT NAME

1 SUBJECT MATTER

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 _____ |

**2 DOCKET NOS.
OR OTHER
DESIGNATION**

- not applicable
- additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

**AMENDMENT: EMPLOYER / CLIENT
PART 5 – STATE AGENCY AS A CLIENT**

**FORM AREG
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)

AMENDMENT: ASSISTANT

FORM AREG SCHEDULE B

Use the Form AREG Instruction Guide for assistance in filling out Schedule B.
Attach additional pages as needed.

1 REGISTRANT NAME	2 REASON FOR AMENDMENT <input type="checkbox"/> THIS ASSISTANT IS NEW <input type="checkbox"/> INFORMATION ABOUT THE ASSISTANT HAS CHANGED <small>(report only the information that has changed)</small>
--------------------------	--

3 ASSISTANT NAME _____

if individual was previously registered as an assistant under a different name, mark box and provide name of assistant as originally registered _____

4 ASSISTANT'S BUSINESS ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
---------------------------------------	--

5 ASSISTANT'S OCCUPATION	
---------------------------------	--

6 SUBJECT MATTER

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

7 DOCKET NOS. OR OTHER DESIGNATION	_____	_____
	DESIGNATION	AGENCY
<input type="checkbox"/> not applicable	_____	_____
	DESIGNATION	AGENCY
<input type="checkbox"/> additional pages	_____	_____
	DESIGNATION	AGENCY

AMENDMENT: LOBBY REGISTRATION DELETIONS

**FORM AREG
SCHEDULE C**

Use the Form AREG Instruction Guide for assistance in filling out Schedule C.
Attach additional pages as needed.

1 Total pages this Schedule C:

2 REGISTRANT NAME	
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name
Type of Deletion <input type="checkbox"/> Employer / Client <input type="checkbox"/> Assistant	Name