

**STATE OF ALABAMA
ALABAMA ETHICS COMMISSION
LOBBYIST REGISTRATION STATEMENT**

Street Address:

100 North Union Street, Suite 104
Montgomery, AL 36104

Mailing Address:

P. O. Box 302300
Montgomery, AL 36130-2300

Calendar Year _____

Form Recorded

Fee Recorded

(For Office Use Only)

PLEASE COMPLETE ALL INFORMATION IN ALL THE AREAS ON THIS FORM. IF YOU NEED ADDITIONAL FORMS, THIS FORM MAY BE PHOTOCOPIED. HOWEVER, ALL FORMS MUST BEAR ORIGINAL SIGNATURES. PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION.

(Name) First _____ Middle _____ Last _____

Business Name & Address: _____

Street _____ City _____ State _____ Zip _____

Normal Business (if different from above) _____

Normal Business Address: _____

Street _____ City _____ State _____ Zip _____

Business Phone () _____ E-Mail: _____

Are you a Public Employee? Yes ___ No ___

List categories of subject matters on which you intend to communicate directly with members of any legislative body to influence legislation or legislative action (example: education, medical, etc.).

List Business Entities, Associations or Organizations you represent (attach list if necessary) _____

If your activity is done on behalf of a group other than a corporation, the number of persons in that group is as follows:

(Check one) 1-5 6-10 11-25 over 25 corporation public entity

This form is continuous in nature for the reporting calendar year. You are required to supplement this form by indicating any change or changes within ten days of the change. A \$100 registration fee MUST be enclosed with this form except for public employees who are lobbyists. You WILL NOT be considered registered until this form, your signed Principal form for each Principal and the \$100 registration fee are received by the Ethics Commission.

I certify that the above information is true and correct to the best of my knowledge.

Date _____

Signature of Lobbyist _____

Type or Legibly Print Name as it appears on the signature line.

STATE OF ALABAMA
ALABAMA ETHICS COMMISSION
PRINCIPAL'S STATEMENT
for
LOBBYIST REGISTRATION

Note to Lobbyist: If you lobby on behalf of more than one principal or association, please attach additional principal statements as needed. (This sheet may be photocopied for additional principals or multiple principal signatures and they may be attached to the front sheet. *However, all forms must bear original signatures.*)

I hereby certify that I am the Principal named on this Lobbyist Registration Statement. I further certify that I have read the form and know its contents; that acting for the Business Entity, Association or Organization, the named Lobbyist has been authorized to lobby on our behalf and that no compensation will be paid to the named Lobbyist contingent upon the passage or defeat of any legislation.

Lobbyist acting on our behalf _____

List category of lobbying activities (example: education, medical, etc.): _____

I further certify that the above information is true and correct to the best of my knowledge.

Name of Business Entity, Association, or Organization

Email Address _____

Business Address _____

City

State

Zip

Phone No.

If activity is being done on behalf of a group other than a corporation, the number of persons in that group is as follows:

(Check one) 1-5 6-10 11-25 over 25 corporation public entity

Date

Signature of Principal

Type or Legibly Print Name (as it appears on the signature line).