### Lobbyist Registration Statement

**State of Alabama**  
**Alabama Ethics Commission**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Mailing Address</th>
<th>Calendar Year</th>
<th>Form Recorded</th>
<th>Fee Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 North Union St,</td>
<td>P. O. Box 302300</td>
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<tr>
<td>Montgomery, AL 36104</td>
<td>Montgomery, AL 36130-2300</td>
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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.
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).