



SUPPLEMENT TO LOBBYIST REGISTRATION FOR ADDITIONAL PRINCIPALS

Use one form for each additional principal (i.e., each additional client or customer). Please type or print legibly. The contents of this form, including any e-mail address provided, is a public record.

Please type or print legibly.

Part I. LOBBYIST'S INFORMATION			
Name of Lobbyist :			
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms	Last Name	First Name
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.		MI
<input type="checkbox"/> Miss	<input type="checkbox"/> _____		
E- mail address:			
Firm Name (if applicable):			
Street Address:	City	State	Zip
Mailing Address if different from	City	State	Zip
Business Phone	Fax		
()	()		
Part II. PRINCIPAL'S INFORMATION (i.e., information regarding your client or customer)			
*Principal's Name			
Occupation or Business of Principal			
Street Address:	City	State	Zip
Mailing Address if different from	City	State	Zip
Principal's specific area(s) of governmental interest			
Check the box that correctly identifies this Principal:			
<input type="checkbox"/> Corporation - Name the chief executive officer: _____ _____			
<input type="checkbox"/> Limited Liability Corporation - Name the chief executive officer: _____ _____			
<input type="checkbox"/> Association - Name the chief executive officer: _____ _____			

<input type="checkbox"/>	General Partnership - List the names of all partners: _____ _____
<input type="checkbox"/>	Joint Venture - List the names of all partners: _____ _____
<input type="checkbox"/>	Limited Partnership - List the names of all partners (general and managing): _____ _____ _____
<input type="checkbox"/>	Trust - List the names of all trustees and beneficiaries of the trust: _____ _____ _____
<input type="checkbox"/>	Other entity, please specify _____ - Provide the name[s] of all natural persons holding, directly or indirectly, 5% or more of the ownership: _____ _____

** All additional principals you will be representing must be reported and recorded on an additional supplemental form. (This form may be photocopied as needed.)*

The information contained herein is accurate to the best of my knowledge.

Date

Lobbyist signature

Print name of lobbyist