



Indiana Lobby Registration Commission
 10 West Market St., Ste 1760
 Indianapolis, IN 46204
 Ph: (317) 232-9860

Type of Statement: <input type="checkbox"/> Original <input type="checkbox"/> Amended
--

2012 Registration Statement - Compensated Lobbyist

Questions? Read Indiana Code 2-7-2 and 2-7-5 or call the Commission office at (317) 232-9860

A registration fee must accompany this registration. The fee is \$100, unless you are registering as an employee of a 501(c)(3) or 501(c)(4) nonprofit organization, then the fee is \$50. Statutory registration deadline is January 15th or 15 days after becoming a lobbyist whichever is later. Late filing fees apply at a rate of \$100 per day with a maximum of \$4,500.

Section A - Registrant Information	
1. Full legal name of compensated lobbyist:	2. Primary occupation and place of employment:
3. Complete residence address and phone number:	4. Complete business address and business phone number:
5. Preferred mailing address: <input type="checkbox"/> home <input type="checkbox"/> business	6. Email address :
7. Social security number: OR Tax identification number: <i>(Corporate Compensated Lobbyist only)</i>	8. Full name, title, and phone number of a contact person only if the registrant is a corporate compensated lobbyist:

Section B - Employers and Clients of the Registrant			
List the names of each person or each officer or partner of the entity who compensates the lobbyist. Please call (317) 232-9860 for supplemental pages on which to list additional employers or clients. If an employer or client is a corporation, association, or business entity, list at least one person who is responsible for the activities of the employer or client (e.g., president, secretary, executive director).			
1. Name of employer or client:	2. Name of employer or client:		
Complete business address:	Complete business address:		
Business phone number: ()	Type of business:	Business phone number: ()	Type of business:
List the full name and title of at least one person responsible for the activities of the employer or client		List the full name and title of at least one person responsible for the activities of the employer or client	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

SECTION C-Lobbying Interests

Please identify the topics you anticipate will be associated with your lobbying efforts. Registration statements will not be accepted by the Commission for filing unless Section C is completed (See IC 2-7-2-3).

<input type="checkbox"/> Accounting	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Local Government	<input type="checkbox"/> Salaries
<input type="checkbox"/> Advertising	<input type="checkbox"/> Education	<input type="checkbox"/> Managed Care	<input type="checkbox"/> State Government
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Elderly	<input type="checkbox"/> Medicaid/Medicare	<input type="checkbox"/> Taxation
<input type="checkbox"/> AIDS	<input type="checkbox"/> Energy	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Teachers
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Engineering	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Technology
<input type="checkbox"/> Arts	<input type="checkbox"/> Environment	<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Aviation	<input type="checkbox"/> Finance	<input type="checkbox"/> Municipalities	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Banking	<input type="checkbox"/> Fire Fighters	<input type="checkbox"/> Natural Resources	<input type="checkbox"/> Transportation
<input type="checkbox"/> Budget	<input type="checkbox"/> Gaming	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Utilities
<input type="checkbox"/> Business	<input type="checkbox"/> Health Care	<input type="checkbox"/> Pari-Mutual	<input type="checkbox"/> Wagering
<input type="checkbox"/> Casino Gaming	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Pension Funds	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Children's Issues	<input type="checkbox"/> Homeless	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Welfare
<input type="checkbox"/> Civil Justice	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Physical Fitness	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Commerce	<input type="checkbox"/> Housing	<input type="checkbox"/> Prevent Child Abuse	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Community	<input type="checkbox"/> Human Services	<input type="checkbox"/> Property Tax	<input type="checkbox"/> Other _____
<input type="checkbox"/> Construction	<input type="checkbox"/> Industry	<input type="checkbox"/> Public Safety	
<input type="checkbox"/> Consumer	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Railroad	
<input type="checkbox"/> County Government	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Courts	<input type="checkbox"/> Judiciary	<input type="checkbox"/> Regulation	Specific Legislation:
<input type="checkbox"/> Crime Victim Assistance	<input type="checkbox"/> Labor	<input type="checkbox"/> Reproductive Rights	_____
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Retail	_____
<input type="checkbox"/> Disabled	<input type="checkbox"/> Legislative Ethics	<input type="checkbox"/> Riverboat Gambling	_____
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Licensure	<input type="checkbox"/> Safety	_____

Section D - To be Completed by an Individual Registrant Only

IC 2-7-5-6 identifies those persons forbidden to register as lobbyists. Please answer the following questions and attach an explanation for each question answered *yes*. **These questions must be answered by the Compensated Registrant.**

	YES	NO
1. Have you been convicted of a felony for violating any law while an officer or employee of any agency of state government or unit of local government?	[]	[]
2. Have you been convicted of a felony relating to lobbying?	[]	[]
3. Have you been convicted of a felony and are currently in prison or on probation or have been in prison or on probation within the immediate past year?	[]	[]
4. Do you have any statements or reports relating to lobbying that were required to be filed under IC 2-7, which were found to be materially incorrect, and corrected statements or reports have not been filed?	[]	[]
5. Have you failed to pay a civil penalty assessed under IC 2-7-5-6?	[]	[]
6. Are you on the most recent tax warrant list of the Indiana Department of State Revenue?	[]	[]

Section E - To be Completed by a Corporate Compensated Registrant Only

List all employees of the registrant who will provide lobbying services to the clients identified in Section B. (Attach an additional page as needed).

1.	5.
2.	6.
3.	7.
4.	8.

Section F - Sworn Statement

Attention: This registration statement must bear the **original signature** of the compensated lobbyist identified in Section A, line 1. If the registrant is a corporate compensated lobbyist, this statement must show the original signature of a person authorized to sign on behalf of the registrant. A statement with a stamped or faxed signature, or a signature by a third party **will be returned as an invalid registration.**

I affirm, under the penalties for perjury, that the answers and statements provided on this registration statement were made by me, and that these answers and statements are true and complete to the best of my knowledge and belief.

Signature of Registrant or Officer of Corporate Registrant

Title of Officer of Corporate Registrant

Printed or Typed Name

Date

A registration fee must be paid at the time of filing.