



**INDIANA LOBBY REGISTRATION
COMMISSION**

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Indianapolis, IN 46204
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LRCinfo@lrc.in.gov

REPORT OF LOBBYIST ACTIVITY

INDICATE REPORTING PERIOD	
<input type="radio"/>	Expenditures from Nov. 1, 2011 – April 30, 2012 Due on or before May 31, 2012
<input type="radio"/>	Expenditures from May 1, 2012 – Oct. 31, 2012 Due on or before November 30, 2012
<input type="radio"/>	TERMINATE LOBBYING STATUS
<input type="radio"/>	EMPLOYER LOBBYIST
<input type="radio"/>	COMPENSATED LOBBYIST

Registered lobbyists are required by law either to file activity reports twice each year or to terminate their registrations. Lobbyists filing activity reports after the deadlines of **May 31, and November 30**, will be charged a late fee of \$100 per day, per report, not to exceed \$4,500 per report. Mailed reports are considered filed on the date of the canceled postmark.

NOTE: A lobbyist who both receives compensation for lobbying and who also compensates another person to lobby shall file a separate activity report for each person from who he receives payment for lobbying. Such a lobbyist is not required to file an EMPLOYER lobbyist report.

Section A - Registrant Information

1. Full legal name of lobbyist:(Employer Lobbyist Enter the Name of the Company/Compensated Lobbyist enter your Name)		2. Business phone number:	
3. Complete business address:		4. Preferred mailing address (<i>street or post office box, city, state, and ZIP code</i>):	
5. Name, title, and phone number of person completing this report:			
6. List two or three persons who are responsible for the activities of the registrant (<i>e.g., president, secretary, executive director</i>):			
Name (Employers--Include name of Person Signing the Employer Report)	Title	Address/Phone Number	
a.			
b.			
c.			
7. Describe any changes in names, addresses, telephone numbers or other information provided by the registrant on the registration form for the current year:			

Section B - Employer/Client of the Registrant (ONLY A COMPENSATED LOBBYIST COMPLETES THIS SECTION)

1. Name of client (Name of Employer on Registration for Compensated Lobbyist)	
2. Complete business address:	
3. Business phone number:	4. Type of Business:

SECTION F—Lobbying Interests

Please identify the topics associated with the expenditures you are reporting. Check all the appropriate boxes and write down additional topics and specific legislation. (See IC 2-7-3 and IC 2-7-4).

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

PLEASE NOTE: This activity report will be accepted only when it bears the **ORIGINAL SIGNATURE** of the registrant or, when the registrant is an Employer Lobbyist, the **ORIGINAL SIGNATURE** of one of the persons listed in *Section C of the Employer Registration* statement on file with the Commission.

An activity report that is filed electronically must include an electronic signature as described in the Memorandum of Understanding submitted by the registrant and approved by the Commission.

A report with a stamped or faxed signature, the signature of a person other than the registrant, a signature made by a third party—or, for an Employer Lobbyist, the signature of a person **not** listed in, Section C of the Employer Registration statement, **will be rejected as an unfiled report.** The report will be subject to any/all late fees if it is not corrected before the filing deadline.

I understand the law requires lobbyists to obtain and preserve all documents necessary to substantiate their activity reports for four (4) years from the date of filing, and that lobbyists are required to make these materials available for inspection upon the request of the Indiana Lobby Registration Commission.

I swear, under the penalties for perjury, that the answers and statements provided in this activity report 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