

LOBBY ACTIVITIES REPORT

FORM LA COVER SHEET

Use the FORM LA INSTRUCTION GUIDE for assistance in filling out this form.

1 Number of Pages of Schedules Filed: _____
 Schedule A Filed: Yes No
 B ____ C ____ D ____
 E ____ F ____ G ____

3 Filer ID _____

PAGE # _____

OFFICE USE ONLY

HD / PM _____

Receipt # _____

Amount \$ _____

Legal _____

Totals _____

Date Processed _____

Date Imaged _____

2 REGISTRANT NAME _____

4 REPORT TYPE

REGULAR (Monthly)

EXCEEDED MODIFIED REPORTING AMOUNT

MODIFIED (Annual)

FINAL (Attach Form TN)

5 REPORT DEADLINE

February 10

June 10

October 10

March 10

July 10

November 10

April 10

August 10

December 10

May 10

September 10

January 10

6 PERIOD COVERED

BEGINNING

ENDING

Month Day Year

Month Day Year

/ /

THROUGH

/ /

7 EXPENDITURE TOTALS BY TYPE

Transportation & Lodging

\$ _____

Gifts (other than awards & mementos)

\$ _____

Food & Beverages

\$ _____

Awards & Mementos

\$ _____

Entertainment

\$ _____

Political Fundraisers/Charity Events

\$ _____

Mass Media Communications

\$ _____

\$0.00

8 EXPENDITURE TOTALS BY PERSONS BENEFITTED

State Senators

\$ _____

Executive Agency Employees

\$ _____

State Representatives

\$ _____

Immediate Family of Legislative/ Executive Branch Member

\$ _____

Other Elected/Appointed State Officers

\$ _____

Guests

\$ _____

Legislative Branch Employees

\$ _____

\$0.00

9 EXPENDITURE TOTALS BY EVENT

Events to Which All Legislators Are Invited

\$ _____

\$0.00

10 INDIVIDUAL REPORTING EXPENDITURES FOR ENTITY

YES

NAME OF ENTITY _____

ADDRESS OF ENTITY _____

PHONE NO. OF ENTITY _____

additional pages

NO

AMOUNT OF EXPENDITURES REPORTED FOR ENTITY _____

11 SIGNATURE

To the best of my knowledge the accompanying document is true and correct and includes all information to be reported by me under Chapter 305, Government Code.

I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest).

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day

of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

LOBBY ACTIVITIES REPORT

SUBJECT MATTER

FORM LA
SCHEDULE A

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

4 SUBJECT MATTER CATEGORIES

If your lobby communications pertained to subject matters not marked on your original lobby registration or on a previous amendment, check the appropriate boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 18 communications & press | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 56 nursing homes | <input type="checkbox"/> 84 OTHER |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 57 occupational regulation | _____ |
| <input type="checkbox"/> 29 education | | |

5 DOCKET NOS. OR
OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

GO TO SCHEDULE B

DETAILED EXPENDITURES

FOOD & BEVERAGES

FORM LA
SCHEDULE C

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

4 RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

5 PLACE OF EXPENDITURE

NAME OF RESTAURANT OR OTHER PLACE

ADDRESS;

CITY;

STATE; ZIP CODE

6 EXPENDITURE DATE

Month Day Year

/ /

Check if credit card expenditure occurred outside reporting period.

7 EXPENDITURE AMOUNT

Check one or enter exact amount.

Less than \$100

\$200 but less than \$250

\$350 but less than \$400

\$100 but less than \$150

\$250 but less than \$300

\$400 but less than \$450

- OR -

Exact amount

\$150 but less than \$200

\$300 but less than \$350

\$450 but less than \$500

\$ _____

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

PLACE OF EXPENDITURE

NAME OF RESTAURANT OR OTHER PLACE

ADDRESS;

CITY;

STATE; ZIP CODE

EXPENDITURE DATE

Month Day Year

/ /

Check if credit card expenditure occurred outside reporting period.

EXPENDITURE AMOUNT

Check one or enter exact amount.

Less than \$100

\$200 but less than \$250

\$350 but less than \$400

\$100 but less than \$150

\$250 but less than \$300

\$400 but less than \$450

- OR -

Exact amount

\$150 but less than \$200

\$300 but less than \$350

\$450 but less than \$500

\$ _____

GO TO SCHEDULE D

DETAILED EXPENDITURES ENTERTAINMENT

**FORM LA
SCHEDULE D**

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

| | |
|-------------------------------|--|
| 4 RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
| 5 PLACE OF EXPENDITURE | PLACE OF ENTERTAINMENT |
| | ADDRESS; CITY; STATE; ZIP CODE |
| 6 EXPENDITURE DATE | Month Day Year / / |
| | <input type="checkbox"/> Check if credit card expenditure occurred outside reporting period. |
| 7 EXPENDITURE AMOUNT | Check one or enter exact amount. |
| | <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 |
| | <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount |
| | <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ |

| | |
|----------------------|--|
| RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
| PLACE OF EXPENDITURE | PLACE OF ENTERTAINMENT |
| | ADDRESS; CITY; STATE; ZIP CODE |
| EXPENDITURE DATE | Month Day Year / / |
| | <input type="checkbox"/> Check if credit card expenditure occurred outside reporting period. |
| EXPENDITURE AMOUNT | Check one or enter exact amount. |
| | <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 |
| | <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount |
| | <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ |

GO TO SCHEDULE E

DETAILED EXPENDITURES GIFTS

**FORM LA
SCHEDULE E**

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

| | |
|-------------------------|----------------------------|
| 4 RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|-------------------------|----------------------------|

| | |
|---------------------------|--|
| 5 GIFT DESCRIPTION | |
|---------------------------|--|

| | |
|------------------------------------|--|
| 6 PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/> |
|------------------------------------|--|

| | |
|-----------------------------|--|
| 7 EXPENDITURE AMOUNT | Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ |
|-----------------------------|--|

| | |
|----------------|----------------------------|
| RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|----------------|----------------------------|

| | |
|------------------|--|
| GIFT DESCRIPTION | |
|------------------|--|

| | |
|---------------------------|--|
| PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/> |
|---------------------------|--|

| | |
|--------------------|--|
| EXPENDITURE AMOUNT | Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ |
|--------------------|--|

| | |
|----------------|----------------------------|
| RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|----------------|----------------------------|

| | |
|------------------|--|
| GIFT DESCRIPTION | |
|------------------|--|

| | |
|---------------------------|--|
| PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 150px; height: 20px;" type="text"/> |
|---------------------------|--|

| | |
|--------------------|--|
| EXPENDITURE AMOUNT | Check one or enter exact amount. <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ |
|--------------------|--|

GO TO SCHEDULE F

DETAILED EXPENDITURES AWARDS & MEMENTOS

**FORM LA
SCHEDULE F**

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

| | |
|-------------------------|----------------------------|
| 4 RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|-------------------------|----------------------------|

| | |
|--------------------------------------|--|
| 5 AWARD / MEMENTO DESCRIPTION | |
|--------------------------------------|--|

| | |
|------------------------------------|--|
| 6 PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/> |
|------------------------------------|--|

| | |
|-----------------------------|--|
| 7 EXPENDITURE AMOUNT | <p>Check one or enter exact amount.</p> <p> <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ </p> |
|-----------------------------|--|

| | |
|----------------|----------------------------|
| RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|----------------|----------------------------|

| | |
|-----------------------------|--|
| AWARD / MEMENTO DESCRIPTION | |
|-----------------------------|--|

| | |
|---------------------------|--|
| PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/> |
|---------------------------|--|

| | |
|--------------------|--|
| EXPENDITURE AMOUNT | <p>Check one or enter exact amount.</p> <p> <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ </p> |
|--------------------|--|

| | |
|----------------|----------------------------|
| RECIPIENT NAME | LAST; SUFFIX; FIRST; TITLE |
|----------------|----------------------------|

| | |
|-----------------------------|--|
| AWARD / MEMENTO DESCRIPTION | |
|-----------------------------|--|

| | |
|---------------------------|--|
| PREVIOUS REPORTING PERIOD | <input type="checkbox"/> Credit card expenditure occurred during the previous reporting period: <input style="width: 200px; height: 20px;" type="text"/> |
|---------------------------|--|

| | |
|--------------------|--|
| EXPENDITURE AMOUNT | <p>Check one or enter exact amount.</p> <p> <input type="checkbox"/> Less than \$100 <input type="checkbox"/> \$200 but less than \$250 <input type="checkbox"/> \$350 but less than \$400 <input type="checkbox"/> \$100 but less than \$150 <input type="checkbox"/> \$250 but less than \$300 <input type="checkbox"/> \$400 but less than \$450 - OR - <input type="checkbox"/> Exact amount <input type="checkbox"/> \$150 but less than \$200 <input type="checkbox"/> \$300 but less than \$350 <input type="checkbox"/> \$450 but less than \$500 \$ _____ </p> |
|--------------------|--|

GO TO SCHEDULE G

DETAILED EXPENDITURES

POLITICAL FUNDRAISERS & CHARITY EVENTS

FORM LA
SCHEDULE G

Use the form LA Instruction Guide for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #

2 REGISTRANT NAME

3 Filer ID

4 RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

5 BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

6 EVENT DATE

Month Day Year
/ /

Check if credit card expenditure occurred outside reporting period.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

EVENT DATE

Month Day Year
/ /

Check if credit card expenditure occurred outside reporting period.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

EVENT DATE

Month Day Year
/ /

Check if credit card expenditure occurred outside reporting period.

RECIPIENT NAME

LAST; SUFFIX; FIRST; TITLE

BENEFICIARY

CHARITY / EVENT NAME

CHARITY

POLITICAL
FUNDRAISER

NAME OF CANDIDATE(S) / OFFICEHOLDER(S) BENEFITTED

EVENT DATE

Month Day Year
/ /

Check if credit card expenditure occurred outside reporting period.

SCHEDULE G IS THE LAST SCHEDULE FOR REPORTING DETAILED ACTIVITY