

# LOBBY REGISTRATION FOR 2025

(For use through December 31, 2025)

**FORM REG**  
**COVER SHEET PG 1**

<b>The Form REG Instruction Guide explains how to fill out this form.</b>		<b>1</b> Number of Schedules filed: A _____ B _____	Filer ID _____	<b>OFFICE USE ONLY</b>	
<b>2</b> REGISTRATION FEE ENCLOSED	(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) <input type="checkbox"/> \$ 750 Regular <input type="checkbox"/> \$ 150 Non-Profit (Proof required. See Instructions)		Date Received _____		
<b>3</b> REPORTING SCHEDULE	<input type="checkbox"/> MODIFIED (ANNUAL) <input type="checkbox"/> REGULAR (MONTHLY)		Date Hand-delivered or Date Postmarked _____		
<b>4</b> REGISTRANT NAME			Receipt # _____	Amount \$ _____	
<b>5</b> IS THE REGISTRANT AN ENTITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date Processed _____		
<b>6</b> REGISTRANT'S NORMAL BUSINESS			Date Imaged _____		
<b>7</b> REGISTRANT'S BUSINESS ADDRESS	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE				
<b>8</b> REGISTRANT'S MAILING ADDRESS	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <input type="checkbox"/> same as business address listed above				
<b>9</b> BUSINESS PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  (       )				
<b>10</b> IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?	<input type="checkbox"/> YES      NAME OF FIRM _____  ADDRESS OF FIRM _____  PHONE NO. OF FIRM _____  <input type="checkbox"/> NO				
<b>11</b> PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS  <input type="checkbox"/> additional pages	NAME OF INDIVIDUAL OR ENTITY _____				
	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE				
<p><b>CHANGES IN INFORMATION.</b> If any of the information provided in this registration changes (other than information requested on PART 3(a) or 3(b) of SCHEDULE A), you must file a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed information by the 10th day of the month following the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).</p>					

REGISTRANT NAME:

PAGE #

**12 FARA REGISTRATION**

(SEE THE FOREIGN AGENTS REGISTRATION ACT ("FARA") OF 1938 (22 U.S.C. §§ 611 ET SEQ.) FOR FURTHER INFORMATION.)

- I AM CURRENTLY REGISTERED AND MY FARA REGISTRATION NUMBER IS: \_\_\_\_\_
- I AM CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA BUT AM NOT CURRENTLY REGISTERED.
- I AM NOT CURRENTLY REGISTERED UNDER FARA AND AM NOT CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA.
- OTHER EXPLANATION: \_\_\_\_\_

**13 SUBJECT MATTER CATEGORIES**

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

REGISTRANT NAME:

PAGE #

**13 DOCKET NOS. OR OTHER DESIGNATION**

- not applicable
- additional pages

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
DESIGNATION

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AGENCY

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
AGENCY

**14 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). (See instructions for the text of Section 305.028.)

I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.

\_\_\_\_\_

Signature of Registrant

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_

Signature of Registrant (Declarant)

**EMPLOYER / CLIENT  
PART 1 – GENERAL INFORMATION**

**FORM REG  
SCHEDULE A PG 1**

Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #

2 REGISTRANT NAME					
3 EMPLOYER / CLIENT NAME					
4 EMPLOYER /CLIENT MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE

**PART 2 – COMPENSATION**

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 222,440 - \$ 333,599.99	<input type="checkbox"/> \$ 778,540 - \$ 889,759.99
	<input type="checkbox"/> LESS THAN \$ 22,240	<input type="checkbox"/> \$ 333,600 - \$ 444,879.99	<input type="checkbox"/> \$ 889,760 - \$ 1,000,979.99
	<input type="checkbox"/> \$ 22,240 - \$ 55,609.99	<input type="checkbox"/> \$ 444,880 - \$ 556,099.99	<input type="checkbox"/> \$ 1,000,980 - \$ 1,112,199.99
	<input type="checkbox"/> \$ 55,610 - \$ 111,219.99	<input type="checkbox"/> \$ 556,100 - \$ 667,319.99	<input type="checkbox"/> OVER \$ 1,112,200
	<input type="checkbox"/> \$ 111,220 - \$ 222,439.99	<input type="checkbox"/> \$ 667,320 - \$ 778,539.99	(Exact Amount \$ _____) OR Exact Amount \$ _____
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input type="checkbox"/> NO PHONE NO. OF ENTITY _____		

**PART 3 – ORGANIZATIONAL INFORMATION**

1 IS THE EMPLOYER / CLIENT AN ENTITY OR AN INDIVIDUAL?	<input type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of Schedule A)
2 IS THE EMPLOYER / CLIENT A CORPORATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of Schedule A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input type="checkbox"/> YES (Complete PART 4 of Schedule A)	<input type="checkbox"/> NO (Complete PART 3(b) of Schedule A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE ?	<input type="checkbox"/> YES (Complete PART 5 of Schedule A)	<input type="checkbox"/> NO

**EMPLOYER / CLIENT**  
**PART 3(a) – UNINCORPORATED ENTITY**

**FORM REG**  
**SCHEDULE A PG 2**

**Complete PART 3(a) only if the employer/client covered by Schedule A is an unincorporated entity.**

PAGE #

REGISTRANT NAME	EMPLOYER / CLIENT NAME
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<b>1</b> ENTITY MEMBERSHIP	NUMBER OF MEMBERS
----------------------------	-------------------

<b>2</b> NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY  <input type="checkbox"/> additional pages	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE

<b>3</b> DESCRIPTION OF POLICY-MAKING METHODS  <input type="checkbox"/> additional pages	DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

<b>4</b> CONTRIBUTORS  PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR  <input type="checkbox"/> not applicable <input type="checkbox"/> additional pages	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE
	LAST;                      SUFFIX;                      FIRST;                      TITLE

**GO TO SCHEDULE A, PART 4**

**EMPLOYER / CLIENT**  
**PART 3(b) – CORPORATION NOT PUBLICLY TRADED**

**FORM REG**  
**SCHEDULE A PG 3**

**Complete PART 3(b) only if the employer/client covered by Schedule A is a corporation whose shares are not publicly traded.**

PAGE #

REGISTRANT NAME

EMPLOYER / CLIENT NAME

**1 CORPORATE SHAREHOLDERS**

NUMBER OF SHAREHOLDERS

**2 CORPORATE OFFICERS AND BOARD MEMBERS**

additional pages

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**3 CORPORATE OWNERSHIP/ HOLDINGS**

PERSONS OWNING 10% OR MORE SHARES

not applicable

additional pages

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

**GO TO SCHEDULE A, PART 4**

**EMPLOYER / CLIENT  
PART 4 – LOBBYING SUBJECT MATTER**

**FORM REG  
SCHEDULE A PG 4**

Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 4.

PAGE #

REGISTRANT NAME

EMPLOYER/ CLIENT NAME

1 SUBJECT MATTER

ALL MATTERS MARKED ON COVER SHEET

SUBJECT MATTER CATEGORIES

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

2 DOCKET NOS.  
OR OTHER  
DESIGNATION

- not applicable  
 additional pages

DESIGNATION \_\_\_\_\_

AGENCY \_\_\_\_\_

DESIGNATION \_\_\_\_\_

AGENCY \_\_\_\_\_

DESIGNATION \_\_\_\_\_

AGENCY \_\_\_\_\_

**EMPLOYER / CLIENT**  
**PART 5 – STATE AGENCY AS A CLIENT**

**FORM REG**  
**SCHEDULE A PG 5**

Complete PART 5 only if the employer/client is a state agency.

1 PAGE #

2 REGISTRANT NAME

3 EMPLOYER / CLIENT NAME

4 SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

5 AMOUNT OF SALES COMMISSION / FEE

\$

6 ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

7 METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION  
 (IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)



# ASSISTANT

# FORM REG SCHEDULE B

Use the Form REG Instruction Guide for assistance in filling out Schedule B.

PAGE #

1 REGISTRANT NAME

2 ASSISTANT NAME

3 ASSISTANT'S  
BUSINESS  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4 ASSISTANT'S  
OCCUPATION

5 SUBJECT  
MATTER

ALL MATTERS MARKED ON COVER SHEET

### SUBJECT MATTER CATEGORIES

- |                                                                  |                                                               |                                                                  |
|------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> 1 abortion                              | <input type="checkbox"/> 29 education                         | <input type="checkbox"/> 57 occupational regulation              |
| <input type="checkbox"/> 2 aeronautics                           | <input type="checkbox"/> 30 elections                         | <input type="checkbox"/> 58 oil & gas                            |
| <input type="checkbox"/> 3 aging                                 | <input type="checkbox"/> 31 energy                            | <input type="checkbox"/> 59 open records & open meetings         |
| <input type="checkbox"/> 4 agriculture                           | <input type="checkbox"/> 32 environment                       | <input type="checkbox"/> 60 parks & wildlife                     |
| <input type="checkbox"/> 5 alcoholic beverage regulation         | <input type="checkbox"/> 33 ethics                            | <input type="checkbox"/> 61 political subdivisions               |
| <input type="checkbox"/> 6 alcoholism & drug abuse               | <input type="checkbox"/> 34 family issues                     | <input type="checkbox"/> 62 probate                              |
| <input type="checkbox"/> 7 aliens                                | <input type="checkbox"/> 35 fees & other non-tax revenue      | <input type="checkbox"/> 63 product liability                    |
| <input type="checkbox"/> 8 amusements, games, sports             | <input type="checkbox"/> 36 financial institutions            | <input type="checkbox"/> 64 property interests                   |
| <input type="checkbox"/> 9 animals                               | <input type="checkbox"/> 37 fire fighters & police            | <input type="checkbox"/> 65 public lands                         |
| <input type="checkbox"/> 10 arts & humanities                    | <input type="checkbox"/> 38 gambling                          | <input type="checkbox"/> 66 purchasing                           |
| <input type="checkbox"/> 11 business & commerce                  | <input type="checkbox"/> 39 handicapped persons               | <input type="checkbox"/> 67 redistricting                        |
| <input type="checkbox"/> 12 cemeteries                           | <input type="checkbox"/> 40 health & health care              | <input type="checkbox"/> 68 religion                             |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads                  | <input type="checkbox"/> 69 retirement systems                   |
| <input type="checkbox"/> 14 city government                      | <input type="checkbox"/> 42 historic preservation & museums   | <input type="checkbox"/> 70 safety                               |
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| <input type="checkbox"/> 17 common carriers                      | <input type="checkbox"/> 45 human services                    | <input type="checkbox"/> 73 state employees, officers & symbols  |
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| <input type="checkbox"/> 25 criminal procedures                  | <input type="checkbox"/> 53 military & veterans               | <input type="checkbox"/> 81 water                                |
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| <input type="checkbox"/> 28 economic & industrial development    | <input type="checkbox"/> 56 nursing homes                     | <input type="checkbox"/> 84 OTHER _____                          |

6 DOCKET NOS.  
OR OTHER  
DESIGNATION

- not applicable  
 additional pages

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DESIGNATION

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AGENCY

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