

File with:
 Secretary of State
 State Capitol, 7th Floor
 1700 W. Washington Street
 Phoenix, AZ 85007-2808

Attn: Election Services Division

ARIZONA
PRINCIPAL REGISTRATION
AMENDMENT TO SCHEDULE A
 A.R.S. § 41-1232 (C)
CHANGE LIST OF LOBBYISTS FOR
COMPENSATION

****THIS DOCUMENT MUST
 BE SIGNED BY THE
 DESIGNATED LOBBYIST
 AND NOTARIZED. PLEASE
 SEE REVERSE SIDE.**

NAME OF PRINCIPAL

PRINCIPAL ID #

ADD THE FOLLOWING:

****SEE REVERSE SIDE FOR SPACE TO REMOVE LOBBYIST(S) FOR COMPENSATION FROM REGISTRATION.**

NAME OF LOBBYIST FOR COMPENSATION:	BUSINESS TELEPHONE #	BUSINESS FAX #
BUSINESS ADDRESS	CITY	STATE ZIP CODE
DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

NAME OF LOBBYIST FOR COMPENSATION:	BUSINESS TELEPHONE #	BUSINESS FAX #
BUSINESS ADDRESS	CITY	STATE ZIP CODE
DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

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BUSINESS ADDRESS	CITY	STATE ZIP CODE
DESCRIPTION OF EXPENSES* (Check all that apply) <input type="checkbox"/> Meals <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Out Of Pocket Expenses <input type="checkbox"/> Other (Please Describe) _____		

***Description of the expenses for which each lobbyist for compensation is to be reimbursed by the principal.**

CHANGE TO SCHEDULE A

NAME OF PRINCIPAL

PRINCIPAL ID #

REMOVE THE FOLLOWING:

NAME OF LOBBYIST FOR COMPENSATION:	LOBBYIST ID #:
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NAME OF LOBBYIST FOR COMPENSATION:	LOBBYIST ID #:
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NAME OF LOBBYIST FOR COMPENSATION:	LOBBYIST ID #:
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NAME OF LOBBYIST FOR COMPENSATION:	LOBBYIST ID #:
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STATE OF _____)
 COUNTY OF _____) ss

I, the undersigned, being duly sworn, state that this Principal **Schedule A** Amendment is complete, and that to the best of my knowledge and belief the information above is true and correct.

 Signature of Designated Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on _____
 Date

 My Commission Expires

 Notary Public