



State of Arizona

**PRINCIPAL/PUBLIC BODY/LOBBYIST
Record of Lobbyists - Attachment**

To be completed, attached and filed with the **Principal/Public Body Registration Application**. Additional pages may be used and attached as necessary.

Check One:

PRINCIPAL **PUBLIC BODY** **LOBBYIST** (not an individual)

FOR OFFICE USE ONLY – REV. 1/05/15

PRINCIPAL/PUBLIC BODY/LOBBYIST (NOT AN INDIVIDUAL) ~ RECORD OF LOBBYISTS

Please type or print clearly.

NAME OF PRINCIPAL/PUBLIC BODY/LOBBYIST (Not an individual)		PRINCIPAL/PUBLIC BODY/LOBBYIST ID #	
NAME OF LOBBYIST	BUSINESS TELEPHONE	E-MAIL ADDRESS	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
TYPE OF LOBBYIST (CHECK ONLY ONE)			
<input type="checkbox"/> Lobbyist for Compensation <input type="checkbox"/> Authorized Lobbyist / Authorized Public Lobbyist <input type="checkbox"/> Employee for (Name of Lobbyist who is not an individual) _____			
EXPENSES FOR WHICH LOBBYIST IS TO BE REIMBURSED (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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