

City of Chicago Board of Ethics 740 N. Sedgwick St., Suite 500 Chicago, IL 60654-8488 e: (312) 744-9660 Fax: (312) 744-279

Form A
Part 1 of 2

Phone: (312) 744-9660 Fax: (312) 744-2793 www.cityofchicago.org/Ethics

2011 LOBBYIST STATEMENT OF REGISTRATION

This Statement of Registration, Form A, consists of Parts 1 & 2. You must complete both parts; only Part 1, A.2 may be left blank. An amendment to this Statement of Registration, Form B, must be filed within 14 days of any substantial change in the information contained in this Registration Statement. NOTE: Pursuant to Section 2-156-290 of the City's Municipal Code, information you provide shall be made available to the public, which may include posting by the City on the Internet.

A. REGISTRATION INFORMATION

1.	Salutation:	_ First Name:	M.I.:	_ Last Name:		Suffix:
	Address:		City:		State:	Zip:
	E-Mail:		Pho	one:	Fax:	
2. N	Name and contact	information to which you want r	mail or corresponder	nce sent if differe	nt from above:	
	Salutation:	First Name:	M.I.:	Last Na	ame:	
	Address:		City:		State:	Zip:
	E-Mail:		Phoi	ne:	Fax:	
3. 8	Self Employed:	OR				
	Employer Name:_					
	Address:		City:		State:	Zip:
	Phone:	Fax:				
4. T	This Statement is a	accompanied by a registration fo	ee of \$350.00 and \$	75.00 for each cli	ent after the first client, p	paid in the form of:
C	Company Check: [☐ Certified Check: ☐	Cashier's Check: [☐ Money (Order: □	
С	heck or Money Or	rder Number:				
В.	VERIFICATIO	N				
info	rmation in this Sta	, as Regatement of Registration, which con and belief, the information is	onsists of Parts 1&2	, including any a		
Sig	nature of Registra	nt or Designated Representativ	e		Date	
Sig	ned and sworn or	affirmed before me this	day of	, 20		Notary Public

2011 LOBBYIST STATEMENT OF REGISTRATION

Form A Part 2 of 2

Part 2, C-F must be completed for each	client on whose behalf the registrant expects	to lobby the City or any City agency.								
REGISTRANT NAME:										
Self Employed: OR EMPLOYER NAME:										
C. CLIENT INFORMATION										
Name:										
Address:	City:	State: Zip:								
D. CONTRACTS / AUTHORIZA	TIONS									
CONTRACT DAT	E:									
Have you received or do y	ou anticipate receiving compensation for lobb	oying for this client?								
2. Have you incurred or do you	ou anticipate incurring expenses on behalf of Yes \Box No \Box	this client, whether or not you are reimbursed?								
	ehalf of this client pursuant to (check one):									
Oral Agreement										
of the agreement between the Registrar whether you are authorized to incur exp	nt and the client. If the agreement is oral, you	ortion(s) of the agreement that describes the terms must provide a written statement above reciting (i) expenditures you incur will be reimbursed by the lary, monthly retainer, hourly fee, etc)								
E. LOBBYING INFORMATION:										
Identify each City agency that th	e Registrant expects to lobby on behalf of this	s client. Use additional sheets if necessary.								
		•								
 □ Arts / Entertainment □ Distribution & Leasing □ Education □ Engineering □ Environment □ Financial Institution / Banking □ Governmental Unit □ Health □ Hospitality / Restaurant 	NESS: Check the category that best described insurance Labor Manufacturing Marketing & Sales Media Public Interest Public Relations & Advertising Public Utilities Racing & Wagering	 □ Retail □ Social Services □ Technology □ Telecommunications □ Tourism & Travel □ Trade and Professional Association □ Transportation □ Waste Management 								
☐ Individual☐ Information Technology	□ Real Estate and Construction□ Religious Organization	□ Other								