



State of Arizona

PRINCIPAL/PUBLIC BODY AMENDMENT

ADD/REMOVE LOBBYISTS & EMPLOYEES

File with: Arizona Secretary of State

Attention: Election Services Division

1700 W. Washington Street, 7th Fl., Phoenix, AZ 85007

(602) 542-8683 (800) 458-5842 (within Arizona)

Website: www.azsos.gov

Check One

Do Not Write in This Space

Attach additional pages if necessary. Use second page to remove lobbyist or employee from principal/public body registration record.

- PRINCIPAL
PUBLIC BODY

FOR OFFICE USE ONLY - REV. 1/05/15

PRINCIPAL/PUBLIC BODY REGISTRATION AMENDMENT ~ A.R.S. § 41-1232 (C)

NAME OF PRINCIPAL/PUBLIC BODY

PRINCIPAL/PUBLIC BODY ID #

ADD THE FOLLOWING:

USE SECOND PAGE TO REMOVE LOBBYIST OR EMPLOYEE FROM PRINCIPAL/PUBLIC BODY REGISTRATION RECORD

Form header for first lobbyist entry: NAME OF LOBBYIST, BUSINESS TELEPHONE #, E-MAIL ADDRESS

Form header for second lobbyist entry: BUSINESS ADDRESS, CITY, STATE, ZIP CODE

Form header for third lobbyist entry: TYPE OF LOBBYIST (CHECK ONLY ONE)

Form header for fourth lobbyist entry: EXPENSES FOR WHICH LOBBYIST IS TO BE REIMBURSED (CHECK ALL THAT APPLY)

Form header for fifth lobbyist entry: NAME OF LOBBYIST, BUSINESS TELEPHONE #, E-MAIL ADDRESS

Form header for sixth lobbyist entry: BUSINESS ADDRESS, CITY, STATE, ZIP CODE

Form header for seventh lobbyist entry: TYPE OF LOBBYIST (CHECK ONLY ONE)

Form header for eighth lobbyist entry: EXPENSES FOR WHICH LOBBYIST IS TO BE REIMBURSED (CHECK ALL THAT APPLY)

Form header for ninth lobbyist entry: NAME OF LOBBYIST, BUSINESS TELEPHONE #, E-MAIL ADDRESS

Form header for tenth lobbyist entry: BUSINESS ADDRESS, CITY, STATE, ZIP CODE

Form header for eleventh lobbyist entry: TYPE OF LOBBYIST (CHECK ONLY ONE)

Form header for twelfth lobbyist entry: EXPENSES FOR WHICH LOBBYIST IS TO BE REIMBURSED (CHECK ALL THAT APPLY)

Form header for thirteenth lobbyist entry: NAME OF LOBBYIST, BUSINESS TELEPHONE #, E-MAIL ADDRESS

Form header for fourteenth lobbyist entry: BUSINESS ADDRESS, CITY, STATE, ZIP CODE

Form header for fifteenth lobbyist entry: TYPE OF LOBBYIST (CHECK ONLY ONE)

Form header for sixteenth lobbyist entry: EXPENSES FOR WHICH LOBBYIST IS TO BE REIMBURSED (CHECK ALL THAT APPLY)

CHANGE LIST OF LOBBYISTS AND EMPLOYEES

NAME OF PRINCIPAL OR PUBLIC BODY _____

PRINCIPAL OR PUBLIC BODY ID # _____

REMOVE THE FOLLOWING:

NAME OF LOBBYIST	LOBBYIST ID #
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) _____	

NAME OF LOBBYIST	LOBBYIST ID #
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) _____	

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STATE OF _____)
) ss
 COUNTY OF _____)

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

 Printed Name of Designated Lobbyist/Designated Public Lobbyist

 Signature of Designated Lobbyist/Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me on the ____ of _____, 20____

 My Commission Expires

 Notary Public

(affix seal)