

**PRINCIPAL REGISTRATION STATEMENT/
AMENDED REGISTRATION STATEMENT**

For 2011-2012

(Please Print or Type)

Check One INITIAL REGISTRATION AMENDED REGISTRATION RENEWAL Registration No.

If **AMENDING** information, are you making (Check one) = Additions Deletions Changes

Date Filed Date Lobbying Commenced

01 IDENTIFICATION

Name of Principal

Acronym

02 PRIMARY PERMANENT BUSINESS ADDRESS

Address

City State ZIP

03 CONTACT INFORMATION

Daytime Telephone Fax
[Format (xxx) xxx-xxxx] [Format (xxx) xxx-xxxx]

Email Address

04 PRIMARY NATURE OF THE BUSINESS OF THE PRINCIPAL (Select One)

- | | | |
|---|--|--|
| <input type="radio"/> Accounting | <input type="radio"/> Forest Products | <input type="radio"/> Real Estate |
| <input type="radio"/> Agriculture | <input type="radio"/> Government | <input type="radio"/> Recreation/Entertainment |
| <input type="radio"/> Alcoholic Beverages | <input type="radio"/> Health Care | <input type="radio"/> Religious |
| <input type="radio"/> Banking/Finance | <input type="radio"/> Human Services | <input type="radio"/> Retail Sales |
| <input type="radio"/> Biotechnology | <input type="radio"/> Industry/Manufacturing | <input type="radio"/> Telecommunications |
| <input type="radio"/> Business | <input type="radio"/> Information Technology | <input type="radio"/> Tobacco |
| <input type="radio"/> Commerce | <input type="radio"/> Insurance | <input type="radio"/> Tourism |
| <input type="radio"/> Construction | <input type="radio"/> Labor Union | <input type="radio"/> Transportation |
| <input type="radio"/> Education | <input type="radio"/> Legal | <input type="radio"/> Utilities |
| <input type="radio"/> Energy | <input type="radio"/> Media | <input type="radio"/> Wagering/Gaming |
| <input type="radio"/> Environment | <input type="radio"/> Mental Health | <input type="radio"/> Waste Management |
| <input type="radio"/> Firearms | <input type="radio"/> Motor Vehicle | <input type="radio"/> Women's/Reproductive Issues |
| <input type="radio"/> Food Processing/Sales | <input type="radio"/> Natural Resources | <input type="radio"/> Workers' Compensation |
| <input type="radio"/> Food Service | <input type="radio"/> Public Interest | <input type="radio"/> Other (Please Specify Below) |

Other

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(12/06)

(Please Print or Type)

05 AFFILIATED POLITICAL ACTION COMMITTEE(S)= See attachment 5 for additional pages NONE

Name

Acronym Registration No.

06 NAME OF INDIVIDUAL(S) LOBBYING ON PRINCIPAL'S BEHALF= See attachment 6 for additional pages

Last Name First Name MI

Permanent Business Address

City State ZIP Registration No.

07 LOBBYING FIRM(S)= See attachment 7 for additional pages Registration No.

Name

08 ASSOCIATION/ORGANIZATION MEMBERS (If not an association or organization, check here)

Number of Dues-paying Members For Calendar Year

By printing or typing my name below, I acknowledge that I have actual knowledge of the contents of this form and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process at the address, email or facsimile listed on this form. I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that this affirmation is being made subject to 18 Pa.C.S. § 4904 (unsworn falsification to authorities).

I am an employee of the Principal

Name (Type or Print)

Title

I represent a third-party preparing this form for the Principal

Name (Type or Print)

Business Name of Preparer if not from the Principal Listed in Line One

Title Daytime Telephone

Email Address

(See instructions for payment and exemptions)