Department of State
210 North Office Building
Harrisburg, PA 17120
(717)787-5280

LOBBYIST REGISTRATION STATEMENT/ AMENDED REGISTRATION STATEMENT

DSBE - 1304-A (c)
(12/06)

(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 INDIVIDUAL IDENTIFICATION

Last Name First Name MI

Are you a licensed attorney? ◯ Yes ◯ No If so, in PA? ◯ Yes ◯ No

02 PERMANENT BUSINESS ADDRESS

Address

City State ZIP

03 CONTACT INFORMATION OF REGISTERING LOBBYIST

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

Email Address

04 PRINCIPAL(S) REPRESENTED= ☐ See attachment 4 for additional pages

Registration No.

Name

Permanent Business Address

City State ZIP

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

05 LOBBYING FIRM(S) WITH WHICH RELATIONSHIP EXISTS= ☐ See attachment 5 for additional pages

Registration No.

Name

Permanent Business Address

City State ZIP

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

DSBE - 1304-A (c)
(12/06)

LOBBYIST REGISTRATION STATEMENT/
AMENDED REGISTRATION STATEMENT
For 2013-2014

(Please Print or Type)

06 AFFILIATED POLITICAL ACTION COMMITTEE(S)= ☐ See attachment 6 for additional pages

Name

Acronym Registration No.

07 CANDIDATE POLITICAL COMMITTEE(S) FOR WHICH THE LOBBYIST IS AN OFFICER
(See instructions for cautionary statement) = ☐ See attachment 7 for additional pages

Name

Acronym Registration No.

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 the lobbyist submitting the form**

Name (Type or Print)

Title

○ **I am preparing this form for the lobbyist**

Name (Type or Print)

Business Name of Preparer if not the Lobbyist Listed in Line One

Title Daytime Telephone

Email Address

(See instructions for payment and exemptions)