



LOBBYIST REGISTRATION FORM

El Paso County Ethics Commission

(A separate registration form should be filed for each client.)

Submit completed forms to:
El Paso County Ethics Commission
500 E. Overland
El Paso, TX 79901
(915) 546-2218 Ext. 3104

1. Type of Registration:

_____ Initial _____ Annual (_____ year) _____ Amendment

2. Name of Individual Lobbyist:

Name: _____

Title: _____

Business: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Fax No. _____

Email Address: _____

If Entity, type of Entity: _____

3. Lobbying Employer/Client:

Name: _____

Business: _____

Address: _____

City/State: _____

Telephone #: _____ Email: _____

4. List other firms you are lobbying for and attach a Schedule A for each one.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS FORM AND THE ATTACHMENTS IS TRUE AND CORRECT.

Signature of Applicant

STATE OF _____)

COUNTY OF _____)

Sworn to and subscribed before me, by _____,
this ____ day of _____, 20__.

Notary Public

LOBBYIST REGISTRATION - SCHEDULE A

Fill out a separate Schedule A for each Lobby Employer/Client from whom the Lobbyist receives compensation or reimbursement

A. **Lobby Employer/Client:** **Individual** **Entity**

Employer Name: _____

Employer Contact Person: _____

Employer Address: _____

Employer City/State/Zip _____

Employer Telephone _____

B. **Nature of Lobby Employer/Client Business:**

C. **Type of Compensation received by Lobbyist from Lobby Employer/Client:**

Direct payment or reimbursement **Will receive a salary**

Contingent fee arrangement **Other** _____

Lobbying Subject Matter:

<input type="checkbox"/> Bonds/Bonds Issuance	<input type="checkbox"/> Ethics	<input type="checkbox"/> Purchasing
<input type="checkbox"/> Business & Commerce	<input type="checkbox"/> Fees/other non-tax revenue	<input type="checkbox"/> Real Property
<input type="checkbox"/> Capital Improvement Proj.	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Risk Pool
<input type="checkbox"/> City/County Health Dist.	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Road & Bridge
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Social Services
<input type="checkbox"/> County Budget	<input type="checkbox"/> Hotel/Motel Tax	<input type="checkbox"/> Subdivisions
<input type="checkbox"/> County Finances	<input type="checkbox"/> Labor/wages	<input type="checkbox"/> Taxes
<input type="checkbox"/> Community Development	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Univ. Medical Center
<input type="checkbox"/> Construction	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Transportation
<input type="checkbox"/> District or County Courts	<input type="checkbox"/> Military/Veterans	<input type="checkbox"/> Other _____
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Open Records/Meetings	<input type="checkbox"/> Other _____
<input type="checkbox"/> Elections	<input type="checkbox"/> Parks	<input type="checkbox"/> Other _____