



INDIANA LOBBY REGISTRATION COMMISSION

10 West Market St., Ste 1760
Indianapolis, IN 46204
(317) 232-9860 Phone
(317) 233-0077 Fax

Type of Statement:	File. No.
<input type="checkbox"/> Original	Receipt No.
<input type="checkbox"/> Amended	Audit No.

2010 REGISTRATION STATEMENT - EMPLOYER LOBBYIST

Questions? Read Indiana Code 2-7-2 and 2-7-5 or call the Commission office at (317) 232-9860.

A registration fee must accompany this registration. The fee is \$100, unless you are registering as a 501(c)(3) or 501(c)(4) nonprofit organization (See Section B of this form), then the fee is \$50. Statutory registration deadline is January 15th.

Section A - Registrant Information

1. Full legal name of employer lobbyist:	2. Type of business:
3. Complete business address:	4. Business phone number: ()
5. Name and title of a contact person for the employer lobbyist:	6. Email address:

Section B - Nonprofit Registrant Filing as a 501(c)(3) or 501(c)(4)

1. A nonprofit registrant claiming tax exempt status under the IRS Code Sections 501(c)(3) or 501(c)(4), must submit a copy of the registrant's federal tax exempt status determination letter with this registration to qualify for the reduced registration fee.	2(a). Please check nonprofit status: () 501(c)(3) () 501(c)(4) 2(b). List the IRS tax exempt number:
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Section C - Officers or Other Persons Responsible for the Registrant

List the full name of the individual who controls the business, the partners, if any, and officers (person listed here is also able to sign this form):

Name	Title	Address/Phone Number
1.		
2.		
3.		
4.		
5.		

Section D - Lobbyists for Registrant

List the name, business address and business phone number of each person or entity to be compensated for providing lobbying services to the registrant (use an additional page, as necessary). Check whether each lobbyist is an employee or an independent contractor.

Name of Lobbyist	Business Mailing Address	Business Phone
1. <input type="checkbox"/> employee <input type="checkbox"/> independent		
2. <input type="checkbox"/> employee <input type="checkbox"/> independent		
3. <input type="checkbox"/> employee <input type="checkbox"/> independent		
4. <input type="checkbox"/> employee <input type="checkbox"/> independent		
5. <input type="checkbox"/> employee <input type="checkbox"/> independent		
6. <input type="checkbox"/> employee <input type="checkbox"/> independent		

Section E - Subject of Lobbying

Please identify the topics you anticipate will be associated with your lobbying efforts. Registration statements will not be accepted by the Commission for filing unless Section E is completed (See IC 2-7-2-3).

<input type="checkbox"/> Accounting <input type="checkbox"/> Advertising <input type="checkbox"/> Agriculture <input type="checkbox"/> AIDS <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Arts <input type="checkbox"/> Aviation <input type="checkbox"/> Banking <input type="checkbox"/> Budget <input type="checkbox"/> Business <input type="checkbox"/> Casino Gaming <input type="checkbox"/> Children's Issues <input type="checkbox"/> Civil Justice <input type="checkbox"/> Commerce <input type="checkbox"/> Community <input type="checkbox"/> Construction <input type="checkbox"/> Consumer <input type="checkbox"/> County Government <input type="checkbox"/> Courts <input type="checkbox"/> Crime Victim Assistance <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Disabled <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Elderly <input type="checkbox"/> Energy <input type="checkbox"/> Engineering <input type="checkbox"/> Environment <input type="checkbox"/> Finance <input type="checkbox"/> Fire Fighters <input type="checkbox"/> Gaming <input type="checkbox"/> Health Care <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Homeless <input type="checkbox"/> Hospitals <input type="checkbox"/> Housing <input type="checkbox"/> Human Services <input type="checkbox"/> Industry <input type="checkbox"/> Infrastructure <input type="checkbox"/> Insurance <input type="checkbox"/> Judiciary <input type="checkbox"/> Labor <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legislative Ethics <input type="checkbox"/> Licensure	<input type="checkbox"/> Local Government <input type="checkbox"/> Managed Care <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Medical Records <input type="checkbox"/> Mental Health <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Municipalities <input type="checkbox"/> Natural Resources <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Pari-Mutual <input type="checkbox"/> Pension Funds <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Prevention of Child Abuse <input type="checkbox"/> Property Tax <input type="checkbox"/> Public Safety <input type="checkbox"/> Railroad <input type="checkbox"/> Real Estate <input type="checkbox"/> Regulation <input type="checkbox"/> Reproductive Rights <input type="checkbox"/> Retail <input type="checkbox"/> Riverboat Gambling <input type="checkbox"/> Safety	<input type="checkbox"/> Salaries <input type="checkbox"/> State Government <input type="checkbox"/> Taxation <input type="checkbox"/> Teachers <input type="checkbox"/> Telecommunications <input type="checkbox"/> Tobacco <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Wagering <input type="checkbox"/> Waste Management <input type="checkbox"/> Welfare <input type="checkbox"/> Women's Issues <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other _____ _____ _____ Specific Legislation: _____ _____ _____ _____
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Section F - Sworn Statement

Attention: This registration statement will be accepted **ONLY** when it bears the ORIGINAL SIGNATURE of one of the persons listed in Section C. A registration with a stamped or faxed signature, the signature of a person not listed in Section C, or a signature made by a third party for a person listed in Section C **will be returned as an invalid registration.**

I affirm, under the penalties for perjury, that the answers and statements provided on this registration statement were made by me, and that these answers and statements are true and complete to the best of my knowledge and belief.

Signature of Officer of Registrant

Title

Printed Name of Officer of Registrant

_____, _____.
Date

A registration fee must be paid at the time of filing.