



**INDIANA LOBBY REGISTRATION COMMISSION**  
 10 West Market St., Ste 1760  
 Indianapolis, IN 46204  
 Ph: (317) 232-9860  
 Fax:(317)233-0077

<b>Indicate Reporting Period</b>	
<input type="checkbox"/>	Expenditures made from May 1, 2010-Oct. 31, 2010 - <b>Due on or before November 30, 2010</b>
<input type="checkbox"/>	Expenditures made from Nov. 1, 2010-April 30, 2011 - <b>Due on or before May 31, 2011</b>
<input type="checkbox"/> <b>Terminate Registered Lobbyist Status</b>	
<b>Reporting as</b>	
<input type="checkbox"/> <b>EMPLOYER</b>	OR <input type="checkbox"/> <b>COMPENSATED</b>

## Report of Lobbyist Activity

*Questions?*  
 call the commission office at (317) 232-9860.

Registered lobbyists are required by law either to file activity reports twice each year or to terminate their registrations. Lobbyists filing activity reports after the **deadlines of November 30, and May 31**, will be charged a late fee of \$10 per day, per report, not to exceed \$100 per report. Mailed reports are considered filed on the date of the canceled postmark.

**NOTE:** A lobbyist who both receives compensation for lobbying and who also compensates another person to lobby shall only file a separate activity report for each person from whom he receives payment for lobbying.

### Section A - Registrant Information

1. Full legal name of lobbyist:		2. Business phone number:	
3. Complete business address:		4. Preferred mailing address ( <i>street or post office box, city, state, and ZIP code</i> ):	
5. Name, title, and phone number of person completing this report:			
6. List between three and four persons who are responsible for the activities of the registrant ( <i>e.g., president, secretary, executive director</i> ):			
	Name	Title	Address/Phone Number
a.			
b.			
c.			
d.			

### Section B - Employer/Client of the Registrant (*only a compensated lobbyist completes this section*)

1. Name of client :	
2. Complete business address:	
3. Business phone number:	4. Type of business:



**Section E - 1: Good-Faith Exchange Transactions (not to be reported in Section C)**

Report purchases made by a lobbyist from a legislator's sole proprietorship, partnership, or family business (if purchase is in excess of \$100/day or \$500 aggregate for the year).

Name the legislator's business for each exchange:	Identify the transaction	May 1, '10-Oct. 31, '10 (1st reporting period)	Nov. 1 '10-April 30, '11 (2nd reporting period)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Section E - 2: Gifts (report either on line 5 or 7 of Section C)**

Report gifts given to members of the general assembly, officers of the general assembly, employees of the general assembly, or immediate family of members, officers, or employees of the general assembly (if gift is in excess of \$100/day or \$500 aggregate for the year).

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Section E - 3: Other Expenditures Not Reported in Sections E -1 and E -2 (report on line 7 of Section C)**

Report any expenditure(s) not included in Sections E-1 and E-2 that exceeded \$100 in a day or \$500 aggregate for the year. This includes meals, entertainment, and receptions to which less than all members of the general assembly were invited.

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Section F - Lobbying Interests**

Please identify the topics associated with the expenditures you are reporting. Check all the appropriate boxes and write down additional topics and specific legislation (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 Development <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"/> Railroads <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  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p><b>Specific Legislation:</b></p> <hr/> <hr/> <hr/>
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**Section G - Sworn Statement**

**PLEASE NOTE:** This activity report will be accepted **ONLY** when it bears the **ORIGINAL SIGNATURE** of the registrant or, when the registrant is an Employer Lobbyist, the **ORIGINAL SIGNATURE** of one of the persons listed in **Section C of the Employer Registration** statement on file with the Commission.

A report with a stamped or faxed signature, the signature of a person other than the registrant, a signature made by a third party--or, for an Employer Lobbyist, the signature of a person **not** listed in **Section C of the Employer Registration** statement, **will be returned as an unfiled report.**

**I understand the law requires lobbyists to obtain and preserve all documents necessary to substantiate their activity reports for four (4) years from the date of filing, and that lobbyists are required to make these materials available for inspection upon the request of the Indiana Lobby Registration Commission.**

**I swear, under the penalties for perjury, that the answers and statements provided in this activity report were made by me and that these answers and statements are true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Date