

Communicators
2005/2006 Lobbyist Registration
Pursuant to Chapter 10, Part II
General Statutes
ETH-1A
(Revised 1/06)

STATE OF
CONNECTICUT
**OFFICE OF
STATE ETHICS**
18 - 20 Trinity Street, Suite 205
Hartford, CT 06106-1660
Tel: (860) 566-4472

Check Here To:

- Amend
 Terminate

IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.

TO BE COMPLETED BY COMMUNICATOR LOBBYIST(S)

COMMUNICATOR INFORMATION

Business Organization:

Business Address:

City: State: Zip:

Contact person:

Telephone: Ext: E-mail address:

Registration Start Year:

Activities Registering for
(Please check one): Administrative
 Legislative
 Both

CLIENT LOBBYIST INFORMATION

(USE SEPARATE FORM FOR EACH CLIENT)

If client is Municipality or subdivision of state government, check this box:

Name of Client:

BUSINESS ORGANIZATION TERMS OF COMPENSATION

Please check (if applicable):		<input type="checkbox"/> Sales Tax
		<input type="checkbox"/> Expense Reimbursement
Amount:	<input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
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BUSINESS ORGANIZATION MEMBERS

LIST NAMES OF BUSINESS ORGANIZATION MEMBERS LOBBYING ON BEHALF OF CLIENT LOBBYIST.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>

SUBCONTRACTOR(S) SECTION: (if applicable)

Subcontractors are other business organizations or individuals who you are paying to lobby on behalf of this client, but whom the client does not pay directly. Client registrant must also disclose name of subcontractor on its registration form.

If subcontracting, check this box:

Name of company (i.e. business organization or individual) subcontracting with:

Address:

City:

State:

Zip:

BUSINESS ORGANIZATION TERMS OF COMPENSATION WITH SUBCONTRACTOR:

Please check (if applicable):	<input type="checkbox"/> Sales Tax <input type="checkbox"/> Expense Reimbursement
Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly
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Amount: <input type="text"/>	<input type="radio"/> Annual <input type="radio"/> Retainer <input type="radio"/> Monthly <input type="radio"/> Hourly

ISSUES ON WHICH YOU EXPECT TO LOBBY (CHECK ALL WHICH APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcoholic Beverages | <input type="checkbox"/> Insurance | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Labor | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Chemical/Pharmaceutical | <input type="checkbox"/> Mass Media | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Commerce/Industry | <input type="checkbox"/> Public Interest/Consumer | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Safety/Law Enforcement | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Utilities | |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Real Estate | |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Recreation/Entertainment | |
| <input type="checkbox"/> Gaming | <input type="checkbox"/> Social Services | |
| <input type="checkbox"/> Health | <input type="checkbox"/> Taxes | |

FEE CALCULATION IS BASED ON THE NUMBER OF LOBBYISTS REGISTERING			
NO. OF LOBBYISTS REGISTERING		X \$75 =	

Signed under penalty of false statement.

Signature of Communicator - Member of Business Organization		Date	
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