

Client/In-House
Communicators
2005/2006 Lobbyist Registration
Pursuant to Chapter 10, Part II
General Statutes
ETH-1B
(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 CLIENT LOBBYIST

CLIENT LOBBYIST INFORMATION

Client Lobbyist:

Address:

City: State: Zip:

Contact person:

Telephone: Ext: E-mail address:

Registration Start Year:

Activities Registering for
(Please check one):

Administrative
 Legislative
 Both

Formed Primarily for
Lobbying?

Yes
 No

CONTRIBUTORS

IF REGISTRANT WAS FORMED PRIMARILY FOR THE PURPOSE OF LOBBYING, LIST BELOW THE NAME AND ADDRESS OF ANY PERSON(S) CONTRIBUTING \$2,000 OR MORE TO ITS LOBBYING ACTIVITIES IN ANY CALENDAR YEAR

Last Name: First Name:

Address:

City: State: Zip:

Last Name: First Name:
Address:
City: State: Zip:

PRINCIPAL OFFICERS AND DIRECTORS

IF NOT INCORPORATED, STATE NAMES AND ADDRESSES OF PRINCIPAL OFFICERS AND DIRECTORS

Last Name: First Name:
Address:
City: State: Zip:

Last Name: First Name:
Address:
City: State: Zip:

Last Name: First Name:
Address:
City: State: Zip:

Last Name: First Name:
Address:
City: State: Zip:

IN-HOUSE COMMUNICATORS

LIST NAMES OF CLIENT'S EMPLOYEES LOBBYING ON BEHALF OF CLIENT LOBBYIST. IF REGISTERING AS EMPLOYEE, TERMS OF COMPENSATION WILL BE ASSUMED TO BE PRO RATA VALUE OF COMPENSATION

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"/>

OUTSIDE COMMUNICATORS

LIST NAMES OF ANY PERSONS, OTHER THAN CLIENT'S OWN EMPLOYEES, LOBBYING ON BEHALF OF CLIENT LOBBYIST (I.E., OUTSIDE COMMUNICATOR LOBBYISTS). THESE PERSONS MUST REGISTER SEPARATELY, USING FORM ETH-1A.

Business Organization/Individual Name:	<input type="text"/>
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
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

Business Organization/Individual Name:	<input type="text"/>
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
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

SUBCONTRACTOR(S) SECTION: (if applicable)

If any of your outside lobbyists have entered into subcontracting agreements with others to lobby on your behalf, check this box:

Name of subcontractor
(i.e. business organization
or individual):

Address:

City: State: Zip:

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			
CLIENT	1		
IN-HOUSE COMMUNICATORS	+		
TOTAL	=	X \$75 =	

Signed under penalty of false statement.

Signature of Authorized Officer or Agent of Client Lobbyist		Date	
Signature of In-House Communicator		Date	
Signature of In-House Communicator		Date	
Signature of In-House Communicator		Date	

Signature of In-House
Communicator

Date

Signature of In-House
Communicator

Date