

SEND TO:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319
(515) 281-4073 (FAX)

I.D. NO. _____
FORM: LOBREG

Lobbyist Registration Statement

Executive Branch

For Calendar Year _____

This form registers individuals to lobby executive branch state agencies. The form may be photocopied.

PART A

LOBBYIST IDENTIFICATION

Lobbyist's Name

Business Address, include lobbying firm if applicable

Residence Address (optional)

City/State/ZIP

City/State/ZIP

Area Code/Phone Number

Area Code/Phone Number

Mail should be sent to: Office Residence

Email address (optional) _____

PART B

PURPOSE

1. Describe your issues or interests: _____

2. List the agencies/offices that you may be lobbying: _____

3. Are you a government official or employee representing the official position of your department, agency or governmental entity: ____ Yes ____ No **If yes, attach a letter of authorization from your department or agency.**

PART C

CLIENTS

*****IDENTIFY ON REVERSE OF STATEMENT*****

By signing and filing this form I attest to all of the following:

1. I am subject to the applicable laws and rules governing the conduct of executive branch lobbyists. In particular, the laws in Iowa Code chapter 68B and rules in 351 – Chapter 8.
2. I am a registered executive branch lobbyist for the calendar year unless I submit a cancellation form. Also, I am required to file a final lobbyist report within 15 days of filing a cancellation form.
3. I understand that I am required to file quarterly Periodic Lobbyist Reports on or before the applicable due dates in Iowa Code section 68B.37 and that civil and criminal penalties may be imposed for my failure to do so unless I have filed an exemption from quarterly reporting and have submitted the required report upon filing said exemption.
4. I understand that any changes to this registration must be submitted within 10 days.

Signature of Lobbyist

Date Signed

IDENTIFICATION OF CLIENTS

Identify the organization, business entity, governmental entity or person that you represent as a lobbyist. Use additional sheets if needed. For "Client Name", provide the name of the organization(s) you represent, if any. The "Contact Person" should be an individual with that organization who has authority to answer questions regarding your representation, if any, and who would be responsible for filing the client's report, if required.

Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	
Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	
Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	
Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	
Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	
Client Name	Contact Person
Business Address	Title
City/State/ZIP	Area Code/Phone Number
E-mail address (optional) _____	