



# LOBBYIST REGISTRATION FORM

## STATE ETHICS COMMISSION

8440 Courthouse Square East, Suite C  
 Douglasville, Georgia 30134  
 Phone (770) 920-4385

FOR OFFICE USE ONLY

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DATE \_\_\_\_\_

**REGISTRATION TYPE**

REGISTRATION YEAR \_\_\_\_\_

- ORIGINAL
- SUPPLEMENTAL
- RENEWAL

**REGISTRATION LEVEL:**

◆ Be aware that registration levels require different reporting period (listed on back).

- GENERAL ASSEMBLY/ GOVERNOR
- CITY/COUNTY
- BOTH

### IDENTIFICATION

NAME Last	First	Middle
MAILING ADDRESS	Street	(Suite) City State Zip
TELEPHONE NUMBER		

### LOBBYING ON BEHALF OF

NAME					
MAILING ADDRESS	Street	(Suite)	City	State	Zip
TELEPHONE NUMBER					

General Business or Purpose of Party Lobbied For:

\_\_\_\_\_

\_\_\_\_\_ If applicant represents a Membership Group other than an agency or corporation please state the approximate Number Of Members:

\_\_\_\_\_

Do You Serve As A Lobbyist For More Than One Organization?  Yes  
 (If yes, you must complete a separate registration form for each)  No

### VERIFICATION BY OATH OR AFFIRMATION

LOBBYIST: I, _____, being duly sworn (affirm) depose and say that the information in this report is complete, true, and correct. SIGNATURE OF LOBBYIST: _____ NOTARY PUBLIC (sign name): _____ PRINT NOTARY'S NAME: _____ My commission expires: _____	State of _____, County of _____ This document was sworn to or affirmed and subscribed before me on _____, 19____.
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**PENALTIES:** Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics In Government Act shall be guilty of a misdemeanor.

### AUTHORIZATION TO LOBBY

I hereby authorize the applicant named above to lobby on behalf of the undersigned.	
ORGANIZATION _____	
PERSON AUTHORIZING LOBBYIST _____	
TITLE _____	