



LOBBYIST REGISTRATION FORM

Montgomery County Ethics Committee

(A separate registration form should be filed for each client.)

Submit completed forms to:

Montgomery County Ethics Committee, c/o Montgomery County Human Resources Department,
501 N. Thompson, Suite 400, Conroe TX 77301
PHONE (936) 539-7886
FAX (936) 788-8396

Pursuant to Section III.8. of the Montgomery County Code of Ethics, "Lobbyist" means "[a]ny individual (a) who is employed or retained to conduct lobbying activities for financial or other compensation; and (b) whose lobbying activities constitute 26 hours or more of their service time during any 3 month period; OR (c) any individual otherwise currently registered or registered within the previous two year period as a lobbyist with any other jurisdiction, whether local, state, or federal."

1. **Type of Registration:**

_____ Initial _____ Annual (_____ year) _____ Amendment

2. **Name of Individual Lobbyist:**

Name: _____

Title: _____

Business: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Fax No.: _____

Email Address: _____

If Entity, type of Entity: _____

3. Lobbying Employer/Client:

Name: _____

Title: _____

Business: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Email: _____

4. List other firms you are lobbying for and attach a Schedule A for each one.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS FORM AND THE ATTACHMENTS IS TRUE AND CORRECT.

Signature of Applicant

STATE OF _____)

)

COUNTY OF _____)

Sworn to and subscribed before me, by _____,
this _____ day of _____, 20__.

Notary Public

LOBBYIST REGISTRATION – SCHEDULE A

(Fill out a separate Schedule A for each Lobby Employer/Client from whom the Lobbyist receives compensation or reimbursement.)

A. **Lobby Employer/Client:** Individual Entity

Employer Name: _____

Employer Contact Person: _____

Employer Address: _____

Employer City/State/Zip: _____

Employer Telephone: _____

B. **Nature of Lobby Employer/Client Business:**

C. **Type of Compensation received by Lobbyist from Lobby Employer/Client:**

Direct payment or reimbursement Will receive salary

Contingent fee arrangement Other _____

Lobbying Subject Matter:

<input type="checkbox"/> Bonds/Bonds Issuance	<input type="checkbox"/> Ethics	<input type="checkbox"/> Purchasing
<input type="checkbox"/> Business & Commerce	<input type="checkbox"/> Fees/other non-tax revenue	<input type="checkbox"/> Real Property
<input type="checkbox"/> Capital Improvement Proj.	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Risk Pool
<input type="checkbox"/> City/County Health Dist.	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Road & Bridge
<input type="checkbox"/> Civil Service	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Social Services
<input type="checkbox"/> County Budget	<input type="checkbox"/> Hotel/Motel Tax	<input type="checkbox"/> Subdivisions
<input type="checkbox"/> County Finances	<input type="checkbox"/> Labor/wages	<input type="checkbox"/> Taxes
<input type="checkbox"/> Community Development	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Construction	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other _____
<input type="checkbox"/> District or County Courts	<input type="checkbox"/> Military/Veterans	<input type="checkbox"/> Other _____
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Open Records/Meetings	<input type="checkbox"/> Other _____
<input type="checkbox"/> Elections	<input type="checkbox"/> Parks	<input type="checkbox"/> Other _____