

**FORM
A**

**NEBRASKA LEGISLATURE
APPLICATION FOR REGISTRATION AS A LOBBYIST**

Send form to:
Clerk of the Legislature
Room 2014, State Capitol
PO Box 94604
Lincoln, NE 68509-4604
Phone: (402) 471-2608

First Session for year, 20 _____

Second Session for year, 20 _____

Lobbyist Registration Fee:
{49-1480.01}

Compensated **\$200.00**
(If you are a salaried employee of your principal, you are a compensated lobbyist.)

Not Compensated **\$15.00**

**PLEASE FILL IN ALL BLANKS
LOBBYIST {49-1480(1)}**

Name					
Office Address (Street, Box, or Route)			Permanent Residence (Street, Box, or Route)		
City	State	Zip	City	State	Zip
Office Phone			Home Phone		
Email Address					

PRINCIPAL {49-1480(2)}

Name			Office Phone		
Office Address (Street, Box, or Route)			Official to Whom Lobbyist is Accountable		
City	State	Zip	Nature of Business {49-1480(3)}		

AMOUNTS GIVEN or to be given to lobbyist as compensation or reimbursement of lobbying: {49-1480(3)}. Please state the basis for your compensation.

IDENTIFICATION of MATTERS on which principal or lobbyist expects to lobby: {49-1480(5)}

Provide Information in ONE of the Boxes Below

IF INDUSTRY, TRADE, or PROFESSIONAL: {49-1480(6)} Description of industry, trade, or profession represented by principal:	IF OTHER THAN INDUSTRY, TRADE, or PROFESSIONAL: {49-1480(7)} Description of interests and groups represented by principal:
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Names and addresses of principal's officers:

GIVE NAME and ADDRESS of any OFFICIAL in the Legislative or Executive Branch and of any members of any such official's staff or immediate family who is employed by you or by anyone acting on your behalf: {49-1480(8)}

I understand that any changes to the information in this application must be reported on quarterly Form B, so as to reflect the correctness of the information above.

Lobbyist's Signature

Date