

LOBBY REGISTRATION AMENDMENT

(For 2026 Registrants)

FORM AREG COVER SHEET

Form AREG Instruction Guide explains how to fill out this form.		1 Number of Schedules filed: A _____ B _____ Schedule C filed: ☐ Yes ☐ No		Filer ID _____	
		OFFICE USE ONLY			
2 REGISTRANT NAME				Date Received	
3 INFORMATION CHANGES		THIS AMENDED REGISTRATION IS BEING FILED IN ORDER TO: ☐ Change Cover Sheet Information (Complete AREG COVER SHEET) ☐ Add New Employer / Client OR Change Employer / Client Information (Attach AREG SCHEDULE A) ☐ Delete Employer / Client (Attach AREG SCHEDULE C) ☐ Add New Assistant OR Change Assistant Information (Attach AREG SCHEDULE B) ☐ Delete Assistant (Attach AREG SCHEDULE C)		Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 REGISTRATION FEE PAID		(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) ☐ \$ 750 Regular ☐ \$ 150 Non-Profit (Proof required. See Instructions)			
4a AMOUNT ENCLOSED		\$ _____			
5 (CHANGED) REPORTING SCHEDULE		☐ Modified (Annual) ☐ Regular (Monthly)			
6 (CHANGED) REGISTRANT NAME					
7 (CHANGED) REGISTRANT'S NORMAL BUSINESS					
8 (CHANGED) REGISTRANT'S BUSINESS ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
9 (CHANGED) REGISTRANT'S MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ same as above			
10 (CHANGED) REGISTRANT'S BUSINESS PHONE		Area Code Phone Number Extension ()			
11 (CHANGED) EMPLOYER INFORMATION		Name of Firm _____ Address of Firm _____ Phone No. of Firm _____ (IF EMPLOYER IS LOBBY FIRM) ☐ not applicable			
12 (CHANGED) PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS		(NAME OF INDIVIDUAL OR ENTITY) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ additional pages			

COVER SHEET PG 2

FORM AREG

REGISTRANT NAME:

PAGE #

13 (CHANGED)FARA
REGISTRATION

(SEE THE FOREIGN AGENTS REGISTRATION ACT ("FARA") OF 1938 (22 U.S.C. §§ 611 ET SEQ.) FOR FURTHER INFORMATION.)

- ☐ I AM CURRENTLY REGISTERED AND MY FARA REGISTRATION NUMBER IS: _____
- ☐ I AM CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA BUT AM NOT CURRENTLY REGISTERED.
- ☐ I AM NOT CURRENTLY REGISTERED UNDER FARA AND AM NOT CURRENTLY REQUIRED TO BE REGISTERED UNDER FARA.
- ☐ OTHER EXPLANATION: _____

14 (NEW) SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| ☐ 1 abortion | ☐ 29 education | ☐ 57 occupational regulation |
| ☐ 2 aeronautics | ☐ 30 elections | ☐ 58 oil & gas |
| ☐ 3 aging | ☐ 31 energy | ☐ 59 open records & open meetings |
| ☐ 4 agriculture | ☐ 32 environment | ☐ 60 parks & wildlife |
| ☐ 5 alcoholic beverage regulation | ☐ 33 ethics | ☐ 61 political subdivisions |
| ☐ 6 alcoholism & drug abuse | ☐ 34 family issues | ☐ 62 probate |
| ☐ 7 aliens | ☐ 35 fees & other non-tax revenue | ☐ 63 product liability |
| ☐ 8 amusements, games, sports | ☐ 36 financial institutions | ☐ 64 property interests |
| ☐ 9 animals | ☐ 37 fire fighters & police | ☐ 65 public lands |
| ☐ 10 arts & humanities | ☐ 38 gambling | ☐ 66 purchasing |
| ☐ 11 business & commerce | ☐ 39 handicapped persons | ☐ 67 redistricting |
| ☐ 12 cemeteries | ☐ 40 health & health care | ☐ 68 religion |
| ☐ 13 charitable & nonprofit organizations | ☐ 41 highways & roads | ☐ 69 retirement systems |
| ☐ 14 city government | ☐ 42 historic preservation & museums | ☐ 70 safety |
| ☐ 15 civil remedies & liabilities | ☐ 43 hospitals | ☐ 71 special districts & authorities |
| ☐ 16 coastal affairs & beaches | ☐ 44 housing | ☐ 72 state agencies, boards & commissions |
| ☐ 17 common carriers | ☐ 45 human services | ☐ 73 state employees, officers & symbols |
| ☐ 18 communications & press | ☐ 46 insurance | ☐ 74 state finances |
| ☐ 19 consumer protection | ☐ 47 labor | ☐ 75 taxation |
| ☐ 20 corporations & associations | ☐ 48 law enforcement | ☐ 76 tort reform |
| ☐ 21 corrections | ☐ 49 lawyers | ☐ 77 tourism |
| ☐ 22 county government | ☐ 50 libraries | ☐ 78 transportation |
| ☐ 23 courts | ☐ 51 malpractice-health care providers | ☐ 79 utilities |
| ☐ 24 crime | ☐ 52 mental health & cognition | ☐ 80 vehicles & traffic |
| ☐ 25 criminal procedures | ☐ 53 military & veterans | ☐ 81 water |
| ☐ 26 day care | ☐ 54 mines & mineral resources | ☐ 82 weapons |
| ☐ 27 disaster preparedness & relief | ☐ 55 minors | ☐ 83 women's issues |
| ☐ 28 economic & industrial development | ☐ 56 nursing homes | ☐ 84 OTHER _____ |

COVER SHEET PG 3**FORM AREG**

REGISTRANT NAME:

PAGE #

**14 (NEW) DOCKET NOS. OR
OTHER DESIGNATION**☐ not applicable☐ additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

15 SIGNATURE

To the best of my knowledge the accompanying document is true and correct and includes all information to be reported by me under Chapter 305, Government Code.

I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest). (See instructions for the text of Section 305.028.)

I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.

Signature of Registrant**Please complete either option below:****(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____, this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Registrant (Declarant)

AMENDMENT: EMPLOYER / CLIENT
PART 1 – GENERAL INFORMATION**FORM AREG**
SCHEDULE A PG 1

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #

2 REGISTRANT NAME**3** EMPLOYER / CLIENT NAME**4** REASON FOR
AMENDMENT☐

THIS EMPLOYER / CLIENT IS NEW

☐INFORMATION ABOUT THIS EMPLOYER / CLIENT HAS CHANGED
(report only the information that has changed)**5 (CHANGED)**
EMPLOYER / CLIENT NAME**6** EMPLOYER /CLIENT
MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PART 2 – COMPENSATION**1** LEVEL OF
COMPENSATION
FOR LOBBYING☐

\$ 0

☐

\$ 228,870 - \$ 343,299.99

☐

\$ 801,030 - \$ 915,459.99

☐

LESS THAN \$ 22,890

☐

\$ 343,300 - \$ 457,729.99

☐

\$ 915,460 - \$ 1,029,889.99

☐

\$ 22,890 - \$ 57,219.99

☐

\$ 457,730 - \$ 572,159.99

☐

\$ 1,029,890 - \$ 1,144,329.99

☐

\$ 57,220 - \$ 114,429.99

☐

\$ 572,160 - \$ 667,319.99

☐

OVER \$ 1,144,330

☐

\$ 114,430 - \$ 228,869.99

☐

\$ 667,320 - \$ 801,029.99

☐

(Exact Amount \$ _____)

OR

Exact Amount \$ _____

2 TYPE OF
COMPENSATION
BEING REPORTED☐

PAID

☐EARNED
(but not received)☐

PROSPECTIVE

3 INDIVIDUAL
REPORTING
COMPENSATION
AND/OR
REIMBURSEMENT
FOR ENTITY☐

YES

NAME OF ENTITY

ADDRESS OF ENTITY

☐

NO

PHONE NO. OF ENTITY

PART 3 – ORGANIZATIONAL INFORMATION**1** IS THE EMPLOYER / CLIENT AN
ENTITY OR AN INDIVIDUAL?☐

ENTITY

☐

INDIVIDUAL (Complete PART 4 of Schedule A)

2 IS THE EMPLOYER / CLIENT
A CORPORATION?☐

YES

☐

NO (Complete PART 3(a) of Schedule A)

3 ARE THE SHARES OF THE
CORPORATION PUBLICLY
TRADED?☐

YES (Complete PART 4 of Schedule A)

☐

NO (Complete PART 3(b) of Schedule A)

4 IS THE CLIENT A STATE
AGENCY THAT PAYS YOU
A SALES COMMISSION OR
SUCH FEE ?☐

YES (Complete PART 5 of Schedule A)

☐

NO

AMENDMENT: EMPLOYER / CLIENT
PART 3(a) – UNINCORPORATED ENTITY

FORM AREG
SCHEDULE A PG 2

Complete PART 3(a) only if the employer/client covered by this SCHEDULE A is an unincorporated entity.

Attach additional pages as needed.

REGISTRANT NAME

EMPLOYER / CLIENT NAME

**1 ENTITY
MEMBERSHIP**

NUMBER OF MEMBERS

**2 NAME(S) OF
PERSON(S) WHO
DETERMINE LOBBY
POLICY**

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

☐ additional pages

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

**3 DESCRIPTION OF
POLICY-MAKING
METHODS**

DESCRIBE METHODS OF ENTITY DECISION-MAKING RELATING TO LOBBYING

☐ additional pages

4 CONTRIBUTORS

**PERSON(S) CONTRIBUTING
MORE THAN \$250 PER YEAR**

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

☐ not applicable

LAST; SUFFIX; FIRST; TITLE

☐ additional pages

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

GO TO SCHEDULE A, PART 4

AMENDMENT: EMPLOYER / CLIENT
PART 3(b) – CORPORATION NOT PUBLICLY TRADED

FORM AREG
SCHEDULE A PG 3

**Complete PART 3(b) only if the employer/client covered by this SCHEDULE A
is a corporation whose shares are not publicly traded.**

Attach additional pages as needed.

REGISTRANT NAME

EMPLOYER / CLIENT NAME

**1 CORPORATE
SHAREHOLDERS**

NUMBER OF SHAREHOLDERS

**2 CORPORATE
OFFICERS AND
BOARD
MEMBERS**

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ additional pages

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

LAST; SUFFIX; FIRST; TITLE

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**3 CORPORATE
OWNERSHIP/
HOLDINGS**

LAST; SUFFIX; FIRST; TITLE

LAST; SUFFIX; FIRST; TITLE

PERSONS OWNING 10% OR
MORE SHARES

LAST; SUFFIX; FIRST; TITLE

☐ not applicable

LAST; SUFFIX; FIRST; TITLE

☐ additional pages

GO TO SCHEDULE A, PART 4

AMENDMENT: EMPLOYER / CLIENT
PART 4 – LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 4.

Attach additional pages as needed.

REGISTRANT NAME

EMPLOYER / CLIENT NAME

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| ☐ 1 abortion | ☐ 29 education | ☐ 57 occupational regulation |
| ☐ 2 aeronautics | ☐ 30 elections | ☐ 58 oil & gas |
| ☐ 3 aging | ☐ 31 energy | ☐ 59 open records & open meetings |
| ☐ 4 agriculture | ☐ 32 environment | ☐ 60 parks & wildlife |
| ☐ 5 alcoholic beverage regulation | ☐ 33 ethics | ☐ 61 political subdivisions |
| ☐ 6 alcoholism & drug abuse | ☐ 34 family issues | ☐ 62 probate |
| ☐ 7 aliens | ☐ 35 fees & other non-tax revenue | ☐ 63 product liability |
| ☐ 8 amusements, games, sports | ☐ 36 financial institutions | ☐ 64 property interests |
| ☐ 9 animals | ☐ 37 fire fighters & police | ☐ 65 public lands |
| ☐ 10 arts & humanities | ☐ 38 gambling | ☐ 66 purchasing |
| ☐ 11 business & commerce | ☐ 39 handicapped persons | ☐ 67 redistricting |
| ☐ 12 cemeteries | ☐ 40 health & health care | ☐ 68 religion |
| ☐ 13 charitable & nonprofit organizations | ☐ 41 highways & roads | ☐ 69 retirement systems |
| ☐ 14 city government | ☐ 42 historic preservation & museums | ☐ 70 safety |
| ☐ 15 civil remedies & liabilities | ☐ 43 hospitals | ☐ 71 special districts & authorities |
| ☐ 16 coastal affairs & beaches | ☐ 44 housing | ☐ 72 state agencies, boards & commissions |
| ☐ 17 common carriers | ☐ 45 human services | ☐ 73 state employees, officers & symbols |
| ☐ 18 communications & press | ☐ 46 insurance | ☐ 74 state finances |
| ☐ 19 consumer protection | ☐ 47 labor | ☐ 75 taxation |
| ☐ 20 corporations & associations | ☐ 48 law enforcement | ☐ 76 tort reform |
| ☐ 21 corrections | ☐ 49 lawyers | ☐ 77 tourism |
| ☐ 22 county government | ☐ 50 libraries | ☐ 78 transportation |
| ☐ 23 courts | ☐ 51 malpractice-health care providers | ☐ 79 utilities |
| ☐ 24 crime | ☐ 52 mental health & cognition | ☐ 80 vehicles & traffic |
| ☐ 25 criminal procedures | ☐ 53 military & veterans | ☐ 81 water |
| ☐ 26 day care | ☐ 54 mines & mineral resources | ☐ 82 weapons |
| ☐ 27 disaster preparedness & relief | ☐ 55 minors | ☐ 83 women's issues |
| ☐ 28 economic & industrial development | ☐ 56 nursing homes | ☐ 84 OTHER _____ |

**2 DOCKET NOS.
OR OTHER
DESIGNATION**

- ☐ not applicable
- ☐ additional pages

DESIGNATION _____

AGENCY _____

DESIGNATION _____

AGENCY _____

DESIGNATION _____

AGENCY _____

AMENDMENT: EMPLOYER / CLIENT
PART 5 – STATE AGENCY AS A CLIENT

FORM AREG
SCHEDULE A PG 5

Complete PART 5 only if the employer/client is a state agency.

1 PAGE #

2 REGISTRANT NAME

3 EMPLOYER / CLIENT NAME

4 SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

5 AMOUNT OF SALES COMMISSION / FEE

\$

6 ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION
(IF EXACT AMOUNT NOT KNOWN)

\$

7 METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION
(IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION
(IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

SUBJECT MATTER DESCRIPTION (DESCRIBE THE SUBJECT MATTER FOR WHICH YOU ARE PAID A SALES COMMISSION)

AMOUNT OF SALES COMMISSION / FEE

\$

ESTIMATE OF MAXIMUM AMOUNT OF SALES COMMISSION
(IF EXACT AMOUNT NOT KNOWN)

\$

METHOD UNDER WHICH SALES COMMISSION IS COMPUTED (IF EXACT AMOUNT NOT KNOWN)

AMENDMENT: ASSISTANT

FORM AREG SCHEDULE B

Use the Form AREG Instruction Guide for assistance in filling out Schedule B.
Attach additional pages as needed.

1 REGISTRANT NAME

2 REASON FOR
AMENDMENT

☐ THIS ASSISTANT
IS NEW

☐ INFORMATION ABOUT THE ASSISTANT
HAS CHANGED
(report only the information that has changed)

3 ASSISTANT
NAME

☐ if individual was previously registered as an
assistant under a different name, mark box
and provide name of assistant as originally
registered

4 ASSISTANT'S
BUSINESS
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5 ASSISTANT'S
OCCUPATION

6 SUBJECT
MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| ☐ 1 abortion | ☐ 29 education | ☐ 56 nursing homes |
| ☐ 2 aeronautics | ☐ 30 elections | ☐ 57 occupational regulation |
| ☐ 3 aging | ☐ 31 energy | ☐ 58 oil & gas |
| ☐ 4 agriculture | ☐ 32 environment | ☐ 59 open records & open meetings |
| ☐ 5 alcoholic beverage regulation | ☐ 33 ethics | ☐ 60 parks & wildlife |
| ☐ 6 alcoholism & drug abuse | ☐ 34 family issues | ☐ 61 political subdivisions |
| ☐ 7 aliens | ☐ 35 fees & other non-tax revenue | ☐ 62 probate |
| ☐ 8 amusements, games, sports | ☐ 36 financial institutions | ☐ 63 product liability |
| ☐ 9 animals | ☐ 37 fire fighters & police | ☐ 64 property interests |
| ☐ 10 arts & humanities | ☐ 38 gambling | ☐ 65 public lands |
| ☐ 11 business & commerce | ☐ 39 handicapped persons | ☐ 66 purchasing |
| ☐ 12 cemeteries | ☐ 40 health & health care | ☐ 67 redistricting |
| ☐ 13 charitable & nonprofit organizations | ☐ 41 highways & roads | ☐ 68 religion |
| ☐ 14 city government | ☐ 42 historic preservation & museums | ☐ 69 retirement systems |
| ☐ 15 civil remedies & liabilities | ☐ 43 hospitals | ☐ 70 safety |
| ☐ 16 coastal affairs & beaches | ☐ 44 housing | ☐ 71 special districts & authorities |
| ☐ 17 common carriers | ☐ 45 human services | ☐ 72 state agencies, boards & commissions |
| ☐ 18 communications & press | ☐ 46 insurance | ☐ 73 state employees, officers & symbols |
| ☐ 19 consumer protection | ☐ 47 labor | ☐ 74 state finances |
| ☐ 20 corporations & associations | ☐ 48 law enforcement | ☐ 75 taxation |
| ☐ 21 corrections | ☐ 49 lawyers | ☐ 76 tort reform |
| ☐ 22 county government | ☐ 50 libraries | ☐ 77 tourism |
| ☐ 23 courts | ☐ 51 malpractice-health care providers | ☐ 78 transportation |
| ☐ 24 crime | ☐ 52 mental health & cognition | ☐ 79 utilities |
| ☐ 25 criminal procedures | ☐ 53 military & veterans | ☐ 80 vehicles & traffic |
| ☐ 26 day care | ☐ 54 mines & mineral resources | ☐ 81 water |
| ☐ 27 disaster preparedness & relief | ☐ 55 minors | ☐ 82 weapons |
| ☐ 28 economic & industrial development | | ☐ 83 women's issues |
| | | ☐ 84 OTHER _____ |

7 DOCKET NOS.
OR OTHER
DESIGNATION

☐ not applicable

☐ additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

AMENDMENT: LOBBY REGISTRATION DELETIONS

FORM AREG SCHEDULE C

Use the Form AREG Instruction Guide for assistance in filling out Schedule C.
Attach additional pages as needed.

1 Total pages this Schedule C:

2 REGISTRANT NAME

Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

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Type of Deletion

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Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

☐ Assistant

Name

Type of Deletion

☐ Employer / Client

☐ Assistant

Name