

APOC REPRESENTATIONAL LOBBYIST REGISTRATION FORM

MAIL TO:

AK Public Offices Commission
PO Box 110222
Juneau, Alaska 99811-0222
Phone: 907-465-4864
In-State Toll Free: 866-465-4864

PHYSICAL DELIVERY ADDRESS:

Court Plaza Building
240 Main Street, Suite 500
Juneau, Alaska 99801
Fax: 907 465-4832

(2 AAC 50.550)

INSTRUCTIONS FOR COMPLETING A REPRESENTATIONAL LOBBYIST REGISTRATION

- 1) This lobbyist registration form is to be used only for representational lobbyists whose expenses for influencing legislative or administrative action are being reimbursed. Representational lobbyists may not receive a salary, fee, retainer or economic consideration of any type to influence legislative or administrative action. AS 24.45.041(a) and 2 AAC 50.550.
- 2) If you are being paid to communicate directly with public officials for the purpose of influencing legislative or administrative action, you are not a representational lobbyist and must register online using the MyAlaska Insight program. AS 24.45.041(b) and AS 24.45.041(h).
- 3) Each lobbyist registration may only list a representational lobbyist whose expenses are being reimbursed by a single entity. A separate registration statement must be completed by each entity reimbursing expenses for a representational lobbyist. There is no registration fee for registering as a representational lobbyist. AS 24.45.041(g).
- 4) Representational lobbyists are not required to file lobbyist reports with APOC, but the entity reimbursing their expenditure is required to file with APOC 2 AAC 50.555(b).

GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Representational Lobbyist Information

NAME: _____

Permanent Mailing Address:

PHONE: _____ FAX: _____ E-Mail: _____

Representational Lobbyist Verification/Certification

Pursuant to AS 24.45.041 and 2 AAC 50.550, the lobbyist's signature on this registration form affirms their agreement that they:

1. Are not being paid a salary, fee, retainer or economic consideration of any type to influence legislative or administrative action;

APOC REPRESENTATIONAL LOBBYIST REGISTRATION FORM

2. Are only receiving reimbursement for their expenses to influence legislative or administrative action;
3. Are being reimbursed for their expenses by the employer listed below.

Representational Lobbyist's Signature

Date

Lobbying Interests

Describe the **SUBJECTS OR MATTERS** on which you will lobby for the employer or entity reimbursing your expenses:

Indicate the **month and day** you will start lobbying: _____

Employer/Reimbursing Entity Information

Business Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Employer/Reimbursing Entity Verification

The signature below certifies that this representational lobbyist registration is true, complete, and correct, and that the lobbyist named on this registration form is being reimbursed for their expenses by our agency to lobby. **By signing, I further understand that our agency is required to file employer of lobbyist reports with APOC** per AS 24.45.061, 2 AAC 50.555(b) and 2 AAC 50.575.

Employer's Signature

Date

Type or Print Name

Title