## LOBBYING DISCLOSURE QUARTERLY EXPENSE REPORT/ AMENDED QUARTERLY EXPENSE REPORT (Please Print or Type)

	Filer's Registrat	ion No.				
<sup>I,</sup> First Name		MI Las	st Name			
ereby state as follows:						
A. This statement pertains	<b>s to the attached</b> (Check or	ie):				
$\bigcirc$	Quarterly Expense Report	OAmeno	ded Qua	arterly Expense	Report	
B. I am unable to secure th	ne signature of the followi	ng lobbyist/lo	bbying	firm as to the	said attached	l report:
LOBBYIST/ LOBBY	ING FIRM IDENTIFICATI	ON	R	Registration No		
Last Name		First Name				м
LAST KNOWN BU	SINESS ADDRESS					
Address						
City			State		ZIP	
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Daytime Telephone Email Address C. I have attempted to obt the following methods Contact(s) with the	<b>tain the required signatur</b> (Check and complete all tha lobbyist/lobbying firm by;	e of the lobbyi t apply):	ist/lobb	bying firm for t	t <b>he attached i</b> ] Email 🗌 D	report through elivery Service;
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Signature: \_\_\_\_\_

Date: \_\_\_\_