	REGISTRATIO		
	Amendment	Annual Renewal	Cancel Registration
	manent business		
Lobbyist or Lobbyist Organization Full Name:	Patrick J.	Rogers LLC	
Lobbyist or Lobbyist Organization Full Name: Permanent Telephone Number: 938-3 Permanent Business Address: 20 Fire	335 Email addre	ss: Dat nogens @ 1	ofmaces and
Permanent Business Address: 2() Firs	at Plaza Ain	# 725	
city: Allowa	State: NM	Zip Code:	87102
Business address while	lobbying or cond	ucting lobbyiet cam	naigning
			pargrang
Business Address: Sa Avo			
City:	State:	Zip Code	
Lobby	ist Organization C	Chairperson	
Chairperson Full Name:			
Telephone Number:			
Address:			
City:			
	yist Organization		
Treasurer Full Name: N V			
Telephone Number:			
Address:			
Clty:	State:	Zip Code:	
Lobbyist Organization	n's Bank and Ched	king Account Infor	mation
Name of Bank:			
-11			
Address:			**
City:	State:	Zip Code:	
Checking Account Number:			
All parties with Signature Aut	hority for Lobbyis	t Organization's Ch	ecking Account
Full Name: N/V-			
Address:			
City:	State:	The Contract	<u> </u>
	State:	Zip Code:	8 8
Full Name:			G 2 00
Telephone Number:			ğ () 2
Address:			95 9
City:	State:	Zip Code:	20 <u>-</u>
			L. CO

OFFICIAL ACTION FORM					
	manent business ad				
Lobbyist or Lobbyist Organization Full Name:	bock of Rogers	LLC			
Permanent Telephone Number: 938 - 333	5				
Permanent Business Address: 20 First 01	aza NW				
on: Albiguague	State: NM	Zip Code: 8716)			
Official action the lobbyist or le					
_ isb creation and employ	my apparent				
A like to the like					
Lobbyist Official Action Bar	nk and Checking Acc	ount Information			
Name of Bank: Alf					
Address:					
City:	State:	Zîp Code:			
Checking Account Number:					
All parties with Signature Authority	for Lobbyist's Officia	al Action Checking Account			
Full Name: N/Ar		1876			
•					
City:	State:	Zip Code:			
Full Name:					
Address:					
City:	State:	Zip Code:			
I understand that I must file an Annual Registration Re as I continue to perform lobbyist activities, as defined	newal every twelve months a	ofter the date of this registration, as long			
Ordinance. In the event any change occurs in the a supported or opposed, I am required to notify the City C	bove information, including	but not limited to new official actions			
The state of the s	icik of Changes within one mo	onto or such occurrence.			
I swear or affirm that the above inform	ation is true and correct to th	e best of my knowledge			
	5	/so/ ≥ 20-			
Talay Ky		(20/2017 }			
Signáture	Date				
		A P			
		\mathbb{Z} ω			

LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** Employer Western Albuquique Land Holdings, LLC Address: 6900 E. Canellank Pd. Suito 607 85751 city: Scotts dale AT State: Zip Code:_ Employer:___ Address: City:___ ___ State:_____ Zip Code:___ Employer:___ Address:____ _____ State:____ City:__ __ Zîp Code:_ Employer:_ Address:___ City: State: Zip Code: Employer:___ Address: _____ State:_____ Zip Code:___ City:___ Employer:____ Address: State:___ _____Zip Code:___ Employer: Address:____ Cîty:___ State:____ Zip Code:___ For additional employers, use a second form and attach to original.

ALBUQUEROUE CITY CLERK