LOBBYIST RE	GISTRATION	STATEMENT		
Check applicable box: New Registration		Annual Renewal	Cancel Registration	
Permanent business address				
Lobbyist or Lobbyist Organization Full Name:		that in the	77.00 41.40 \$	
Permanent Telephone Number: 505 - 216 - 84	C Email address	: JAMES A WOOLIA	KAMERICA . ORG	
Permanent Business Address: 201 CRAL AVE CV				
city: Laugueraué				
Business address while lobbying or conducting lobbyist campaigning				
Business Address: 201 COAL AVE SW				
CHY: ALBUQUER QUE	State:NM	Zip Code	:. 87102	
Lobbyist Organization Chairperson				
Chairperson Full Name:				
Telephone Number:				
Address:				
City:		7in Code		
	Organization T			
				
Treasurer Full Name:				
Telephone Number:				
Address:				
City:				
Lobbyist Organization's Bank and Checking Account Information				
Name of Bank:				
Address:				
City:	State:	Zip Code:		
Checking Account Number:				
All parties with Signature Authority for Lobbyist Organization's Checking Account				
Full Name:				
Telephone Number:				
Address:				
City:	State:	Zip Code:		
Full Name:				
Telephone Number:				
Address:				
City:		Zip Code:		
		•		

LOBBYIST'S EMPLOYERS **Lobbyist's Employers Information** Employer: WORKING AMERICA Address: BIS 16 TH ST 16W City: WASHINGTON State: DC Zip Code: 2006 Employer:_____ Address: ______ State:_____ Zip Code:_____ City:____ Address:____ City:______ State:_____ Zip Code:_____ Address:_____ State: Zip Code: Employer:_____ Address:_____ City:_____ Zip Code:_____ Employer: Address: State:_____ Zip Code:_____ City:____ Employer:_____ Address:____ City: _____ Zip Code: _____ For additional employers, use a second form and attach to original.

OFFICIAL ACTION FORM				
Lobbyist's Permanent business address				
Lobbyist or Lobbyist Organization Full Name: 3A	RED ANTS			
Permanent Telephone Number: 505-216-94				
Permanent Business Address: 201 COAL AVE				
CHY: ALEN OWER OUE				
Official action the lobbyist or lobbyist organization supports or opposes				
	_			
SUPPORT EMPLOSICK DAYS				
TABLE CONTROL				
Lobbyist Official Action E		Account Information		
Name of Bank: AMAGAMATED BANK OF	CHICAGO			
Address: 1 WEST MONAGE ST				
city: CHITAGO	State:	Zip Code: <u>60603</u>		
Checking Account Number:				
All parties with Signature Authority for Lobbyist's Official Action Checking Account				
Full Name: JAMES COGB JR		_		
Address: 815 16 th ST NW				
City: Washington				
City. Spring (Old	3 to te-	210 Code:		
Full Name: ELIZAGETH TOWNE				
Address: 815 16TH ST NW	and the second			
City: WASHINGTON	State: OC	Zip Code: 20006		
I understand that I must file an Annual Registration Renewal every twelve months after the date of this registration, as long as I continue to perform lobbyist activities, as defined in the Lobbyist and Lobbyist Organization Registration and Disclosure				
Ordinance. In the event any change occurs in the above information, including but not limited to, new official actions supported or opposed, I am required to notify the City Clerk of changes within one month of such occurrence.				
papparted of apposed, I am required to flocity the City Clerk of Changes within one month of such occurrence.				
I swear or affirm that the above information is true and correct to the best of my knowledge				
/m//h	z denothie	4-29-15		
Signature	Date			