

Kansas Governmental Ethics Commission

901 S. Kansas Avenue, Topeka, KS 66612

Phone: 785-296-4219 Fax: 785-296-2548 www.ethics.kansas.gov

Who Must Register as a Lobbyist?

Anyone who fits **one or more** of these categories in a calendar year must register as a lobbyist in Kansas. See K.S.A. 46-222

- You are compensated to lobby **-or-**
- You are formally appointed as the primary representative of an organization, individual or other entity to lobby - regardless of whether or not you receive compensation - **or-**
- You spend a total of \$1,000 or more in any calendar year for lobbying activities. See K.S.A. 46-225

A separate registration form & fee is required for each person, organization or client you represent and each year you lobby.

(For Official Use Only)

Kansas Lobbyist Registration Form

Lobbyist Name: _____

What Calendar Year Is This Registration For? _____

**Person, Organization or Client
On Whose Behalf You Are Registering?** _____

Lobbyist Information

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____ + _____

Phone: () _____ **Fax:** () _____

Email Address: _____ **Send Mail to:** **Home** **Business**

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ + _____

Phone: () _____ **Fax:** () _____

Check One	How Much Do You Expect to Spend on Behalf of This Person, Organization or Client This Year?	Registration Fee	Secretary of State Administrative Fee	Total Due
	\$1000 or less this calendar year	\$50	\$15	\$65
	more than \$1000 this calendar year	\$350	\$75	\$425
	I am an employee of a lobbying group or firm	\$450	\$90	\$540

Make checks payable to : Kansas Secretary of State

Turn Page - Registration Requires Completion of Both Sides _____

Lobbyist Registration Form - page two

Lobbyist: _____ **Calendar Year:** _____

Client Information

Name of Person, Organization or Client: _____

Street Address: _____

Mailing Address (If different): _____

City: _____ **State:** _____ **Zip Code:** _____ + _____

Email Address: _____ **Phone:** () _____ **Fax:** () _____

Purpose of Lobbying:

Describe here the subject matter you are interested in:

Check All That Apply	Purpose of Lobbying	List specific legislative matter, agency rule and regulation, or other matter of interest. List bill number or title if available.
	Legislative action or non-action	
	Adoption or non-adoption of state agency rules and regulations	
	Other	

Type of Compensation

(Check Method Which Applies To This Person, Organization or Client)

Not compensated

Compensated through an hourly contract rate

Compensated through a fixed contract amount

Employed (in whole or in part) to lobby and receive a monthly salary

Other method (please specify) _____

I understand that the intentional making of any false or incomplete statement herein is a class B misdemeanor.

Executed on: _____

Date

Signature of Lobbyist