



## CLIENT INFORMATION – SCHEDULE B

**Note:** Please complete this form when listing additional clients. This form may be duplicated for additional entries.

<b>1. NAME OF CLIENT</b> (Last, First, M.I.)	<b>NAME OF BUSINESS</b>	<b>BUSINESS PHONE</b> (XXX) XXX-XXXX	
<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

<b>2. NAME OF CLIENT</b> (Last, First, M.I.)	<b>NAME OF BUSINESS</b>	<b>BUSINESS PHONE</b> (XXX) XXX-XXXX	
<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

<b>3. NAME OF CLIENT</b> (Last, First, M.I.)	<b>NAME OF BUSINESS</b>	<b>BUSINESS PHONE</b> (XXX) XXX-XXXX	
<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

<b>4. NAME OF CLIENT</b> (Last, First, M.I.)	<b>NAME OF BUSINESS</b>	<b>BUSINESS PHONE</b> (XXX) XXX-XXXX	
<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

<b>5. NAME OF CLIENT</b> (Last, First, M.I.)	<b>NAME OF BUSINESS</b>	<b>BUSINESS PHONE</b> (XXX) XXX-XXXX	
<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Describe the legislative or administrative action(s) that the lobbyist is seeking to influence on behalf of this client:			

If more space is needed, check box and attach additional pages.