



City of Chicago Board of Ethics
 740 N. Sedgwick St., Suite 500
 Chicago, IL 60654-8488
 Phone: (312) 744-9660 Fax: (312) 744-2793
 www.cityofchicago.org/Ethics

Form B

20 _____ AMENDMENT TO LOBBYIST STATEMENT OF REGISTRATION

Salutation: _____ First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Self Employed: **OR** EMPLOYER NAME: _____

Amend my Lobbyist Statement of Registration as follows:

Change the registrant contact information (name, address, email, etc.)

Salutation: _____ First Name: _____ M.I.: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Change the contact information (name, address, email, etc.) **of Employer or registrant's correspondent** (Form A, A.2). **Complete and attach "Form A Part 1", but without registration fee.**

Add the following client(s) to my current registration. Attach a completed "Form A, Part 2" and \$75.00 for each added client.

Delete the following client(s) from my current registration. **Attach a completed "Form C, Part 3" for each deleted client.**

Change information (name, address,, etc.) **of client(s)** for current registration. **Attach a completed "Form A Part 2" for each client changed.**

Delete the following Employer(s). **Attach a completed "Form C" for each cancelled employer.**

Signature of Registrant or Designated Representative

Date