

LOBBY ACTIVITIES REPORT

**FORM LA
COVER SHEET**

Use the FORM LA INSTRUCTION GUIDE for assistance in filling out this form	1 SCHEDULE A FILED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF PAGES OF SCHEDULES FILED: B <u>0</u> C <u>0</u> D <u>0</u> E <u>0</u> F <u>0</u> G <u>0</u>	3 Filer ID <u>00053452</u> Page # <u>1 of 1</u>
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2 REGISTRANT NAME	Mr. John D. Miletti	OFFICE USE ONLY	
4 REPORT TYPE	<input type="checkbox"/> REGULAR (Monthly) <input type="checkbox"/> EXCEEDED \$1000 <input checked="" type="checkbox"/> MODIFIED (Annual) <input type="checkbox"/> FINAL (Attach Form TN)		Date Received ELECTRONICALLY FILED 01/06/2017
5 REPORT DEADLINE	<input type="checkbox"/> February 10 <input type="checkbox"/> June 10 <input type="checkbox"/> October 10 <input type="checkbox"/> March 10 <input type="checkbox"/> July 10 <input type="checkbox"/> November 10 <input type="checkbox"/> April 10 <input type="checkbox"/> August 10 <input type="checkbox"/> December 10 <input type="checkbox"/> May 10 <input type="checkbox"/> September 10 <input checked="" type="checkbox"/> January 10		Date Hand-delivered or Date Postmarked
6 PERIOD COVERED	Month Day Year Month Day Year 01/01/2016 THROUGH 12/31/2016		Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____

7 EXPENDITURE TOTALS BY TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><input checked="" type="checkbox"/> \$0.00</td> <td style="width:20%;">Transportation & Lodging</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">0.00</td> <td style="width:10%;">Gifts (other than awards & mementos)</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">0.00</td> </tr> <tr> <td></td> <td>Food & Beverages</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>Awards & Mementos</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td>Entertainment</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>Political Fundraisers/Charity</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Mass Media Communications</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> </table>	<input checked="" type="checkbox"/> \$0.00	Transportation & Lodging	\$	0.00	Gifts (other than awards & mementos)	\$	0.00		Food & Beverages	\$	0.00	Awards & Mementos	\$	0.00		Entertainment	\$	0.00	Political Fundraisers/Charity	\$	0.00					Mass Media Communications	\$	0.00
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				Mass Media Communications	\$	0.00																							

8 EXPENDITURE TOTALS BY PERSONS BENEFITTED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><input checked="" type="checkbox"/> \$0.00</td> <td style="width:20%;">State Senators</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">0.00</td> <td style="width:10%;">Executive Agency Employees</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">0.00</td> </tr> <tr> <td></td> <td>State Representatives</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>Immediate Family of Legislative/</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td>Other Elected/Appointed State Officers</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>Events to Which All Legislators Are Invited</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td></td> <td>Legislative Branch Employees</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>Guests</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> </table>	<input checked="" type="checkbox"/> \$0.00	State Senators	\$	0.00	Executive Agency Employees	\$	0.00		State Representatives	\$	0.00	Immediate Family of Legislative/	\$	0.00		Other Elected/Appointed State Officers	\$	0.00	Events to Which All Legislators Are Invited	\$	0.00		Legislative Branch Employees	\$	0.00	Guests	\$	0.00
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9 INDIVIDUAL REPORTING EXPENDITURES FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ <input type="checkbox"/> additional pages ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____ AMOUNT OF EXPENDITURES REPORTED FOR ENTITY _____
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10 SIGNATURE	<p>To the best of my knowledge the accompanying document is true and correct and includes all information to be reported by me under Chapter 305, Government Code.</p> <p>I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest).</p> <p align="center">Mr. John D. Miletti _____ Signature of Registrant</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____ to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>
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