LOBBY ACTIVITIES REPORT

Use the FORM LA INSTRUCTION GUIDE for assistance in filling out this form.

1. SCHEDULE A FILED: [ ] YES [X] NO
   NUMBER OF PAGES OF SCHEDULES FILED: A 0 B 0 C 0 D 0
   E 0 F 0 G 0

2. REGISTRANT NAME: Mr. Raul Allegue

3. Filer ID: 00035610
   Page #: 1 of 1

4. REPORT TYPE: [X] MODIFIED (Annual) [ ] EXCEEDED $1000
   [ ] FINAL (Attach Form TN)
   [ ] REGULAR (Monthly)

5. REPORT DEADLINE:
   [ ] February 10 [ ] June 10 [ ] October 10
   [ ] March 10 [ ] July 10 [ ] November 10
   [ ] April 10 [ ] August 10 [ ] December 10
   [ ] May 10 [ ] September 10 [X] January 10

6. PERIOD COVERED:
   Month: 01/2018 Day: 01/2018 Year: 12/2018

7. EXPENDITURE TOTALS BY TYPE:
   [X] $0.00
   Transportation & Lodging $ 0.00
   Food & Beverages $ 0.00
   Entertainment $ 0.00
   Gifts (other than awards & Awards & Mementos $ 0.00
   Mass Media Communications $ 0.00
   Political Fundraisers/Charity $ 0.00

8. EXPENDITURE TOTALS BY PERSONS BENEFITTED:
   [X] $0.00
   State Senators $ 0.00
   Executive Agency Employees $ 0.00
   Immediate Family of Legislative/ $ 0.00
   State Representatives $ 0.00
   Events to Which All Legislators $ 0.00
   Are Invited $ 0.00
   Other Elected/Appointed State Officers $ 0.00
   Legislative Branch Employees $ 0.00
   Guests $ 0.00

9. INDIVIDUAL REPORTING EXPENDITURES FOR ENTITY:
   [ ] YES NAME OF ENTITY
   ADDRESS OF ENTITY
   PHONE NO. OF ENTITY
   AMOUNT OF EXPENDITURES REPORTED FOR ENTITY
   [X] NO

10. SIGNATURE
    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.

    I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government
    Code (Prohibited Conflicts of Interest).

    Mr. Raul Allegue
    Signature of Regrant

    Sworn to and subscribed before me, by the said ___________________________________________________________________________, this the ___________ day
    of ________________, 20_______ to certify which, witness my hand and seal of office.

    Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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