# Lobby Activities Report

**Form LA**

**Cover Sheet**

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

1. **Schedule** A Filed: [ ] Yes [ ] No
2. **Number of Pages** of Schedules Filed: [B] 0 [C] 0 [D] 0
3. **Filer ID**: 00053452
4. **Date Processed**: 01/09/2018
5. **Date Hand-delivered or Date Postmarked**: ____________________
6. **Receipt #**: ____________________
7. **Amount**: $0.00
8. **Date Imaged**: ____________________

## Office Use Only

- **Date Received**: ____________________
- **ElectronicallyFiled**: ________________

## Expenditure Totals by Type

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation &amp; Lodging</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Food &amp; Beverages</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>State Senators</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>State Representatives</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Elected/Appointed State Officers</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Legislative Branch Employees</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Executive Agency Employees</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Immediate Family of Legislative/</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Events to Which All Legislators Are Invited</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Guests</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Expenditure Totals by Persons Benefitted

- **State Senators**: $0.00
- **State Representatives**: $0.00
- **Other Elected/Appointed State Officers**: $0.00
- **Legislative Branch Employees**: $0.00
- **Executive Agency Employees**: $0.00
- **Immediate Family of Legislative**: $0.00
- **Events to Which All Legislators Are Invited**: $0.00
- **Guests**: $0.00

## Individual Reporting Expenditures for Entity

- **Yes**: NAME OF ENTITY ________
- **No**: ____________________

- **Address of Entity**: ________
- **Phone No. of Entity**: ________

- **Amount of Expenditures Reported for Entity**: 

## Signature

Mr. John D. Miletti

Signature of Registrant

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).

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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