# *STATE ETHICS COMMISSION*
# RATING ENTITY REGISTRATION FORM

**To be filed not later than April 1 of each year, pursuant to S.C. Code Section 2-17-45**

**1. Name of Entity** _____

**2. Mailing Address**

**(street)** **(city)** **(state)** **(zip)**

**3. Telephone Number: (_____)**_____

**4. Officers and Directors:**

**Name** **Title**

**5. Entity Members who are Members of the General Assembly**

**Name** **Title**

**6. Entity Members who are lobbyists or lobbyist's principals**

**Name** **Title**

**CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief.**

**Date** _____ **Signature** _____