

Exhibit C

**Lobbying Firm
Activity Authorization**

(Government Code Section 86104)

Check one box, if applicable

Lobbyist Employer
(Gov. Code Section 82039.5)

Lobbying Coalition
(FPPC Regulation 18616.4)

Type or Print in ink

Legislative Session	For Official Use Only			
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;">2005</td> <td style="text-align: center; width: 50%;">2006</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Insert Years)</td> </tr> </table>		2005	2006	(Insert Years)
2005	2006			
(Insert Years)				

NAME OF FILER: AT&T INC. AND ITS AFFILIATES	EFFECTIVE DATE: 05/01/2006
BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code) SACRAMENTO CA 95814	TELEPHONE NUMBER:
MAILING ADDRESS: (If different than above.)	FAX NUMBER: (Optional)
	E-MAIL: (Optional)

RGP and Associates
(payments made through intermediary TRES ES INC)

I hereby authorize _____
(Name of Lobbying Firm)

Los Angeles CA 90041 _____
(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

Please see attached pages

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/01/2006 DATE By Joseph P. Tocco SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Joseph P. Tocco PRINT OR TYPE Title Registered In-House Counsel

Lobbying Firm Activity Authorization

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF FILER:

AT&T INC. AND ITS AFFILIATES

2/2

Nature and Interests of Lobbyist Employer

Check one box only:

INDIVIDUAL (Complete only Parts A and E)

BUSINESS ENTITY (Complete only Parts B and E)

INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)

OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

Telecommunications Industry

C. Industry, Trade or Professional Association

1. Description of industry, trade, or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

50 OR LESS (provide names of all members on an attachment.)

MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

AGRICULTURE

LEGAL

EDUCATION

PUBLIC EMPLOYEES

GOVERNMENT

POLITICAL ORGANIZATIONS

HEALTH

UTILITIES

LABOR UNIONS

OTHER: _____
(Describe in detail)

BUSINESS (Check one of the following sub-categories.)

ENTERTAINMENT/RECREATION

OIL AND GAS

FINANCE/INSURANCE

PROFESSIONAL/TRADE

LODGING/RESTAURANTS

REAL ESTATE

MANUFACTURING/INDUSTRIAL

TRANSPORTATION

MERCHANDISE/RETAIL

OTHER: _____
(Specific Description)