Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 RECEIVED. SECRETARY OF THE SENATE

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration //10/0	
2. House Identification Number	Senate Identification Number	
REGISTRANT  -3. Registrant name. Spegory L. S.	Pohde treet, S.E.	
Address 4/2 First J	freet, S.E.	
City Washington	State D ( Zip Z0003	
4. Principal place of business (if different from line 3) City	State/Zip (or Country)	
5. Telephone number and contact name (202) 264-0350 Contact	Gregory L. Ruhle E-mail (optional) glree	
6. General description of registrant's business or activities		
1abeled "Self" and proceed to line 10. Self  7. Client name (EnEnal Motor  Address (660 L Street	s Corp +, NW Poberth Flown	
<b>7</b>	State D ( Zip Z 0036	
8. Principal place of business (if different from line 7)  City	State/Zip (or Country)	
9. General description of client's business or activities	communications corporation	
LOBBYISTS  10. Name of each individual who has acted or is expected this section has served as a "covered executive bran	to act as a lobbyist for the client identified on line 7. If any perch official" or "covered legislative branch official" within two and/or legislative position(s) in which the person served.	
Name	Covered Official Position (if applicat	
Gregory L. Rohde		
Filing #07cf34aa-b0b5-4573-9db0-3	9ee261333d8 - Page 1 of 4	

LOBBYING ISSUES 11. General lobbying issue areas.	. Select all applicable codes listed in i	nstructions and on the	e reverse side of Form LD-	
(om				
12. Specific lobbying issues (cur.	rent and anticipated)  purchase of Hag  General Motor	he Corpor	ation, a	
AFFILIATED ORGAN				
	n the client that contributes more the whole or in major part plans, supp			
No ⇒ Go to line 14		Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.		
Name	Address		Principal Place of Bus (city and state or cou	
b) directly or indire activities of the	% equitable ownership in the client ctly, in whole or in major part, pla client or any organization identifie the client or any organization ident	ns, supervises, cont d on line 13; <b>or</b>	rols, directs, finances or	
<ul> <li>4. Is there any foreign entity</li> <li>a) holds at least 20%</li> <li>b) directly or indire activities of the c</li> <li>c) is an affiliate of t</li> </ul>	% equitable ownership in the client ctly, in whole or in major part, pla client or any organization identifie the client or any organization ident ctivity?	ns, supervises, cont d on line 13; <b>or</b> ified on line 13 and es <sup>-</sup> Complete the	rols, directs, finances or	
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a) holds at least 20% b) directly or indire activities of the c) is an affiliate of t of the lobbying a  No ⇒ Sign and date th	% equitable ownership in the client ctly, in whole or in major part, pla client or any organization identifie the client or any organization ident ctivity?  Address	ns, supervises, cont d on line 13; <b>or</b> ified on line 13 and es—1-Complete the matching the registration. Principal place of business	rols, directs, finances or has a direct interest in the rest of this section for eacriteria above, then sign  Amount of contribution for	

Form LD-1 (Rev. 06/98)