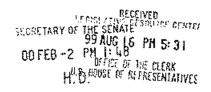
Clerk of the House of Representatives Legislative Resource Center 18-106 Canado Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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Tabbaina Displasure ACI 01 1992 B	ction 5) . All Filers Are Required to Complete This Page

Fleishman-Hillard, Inc.		
2. Address E.I. Check if different than previously reported 1615 L. Street, NW Washington Suite 1900 DC 20036		
3. Principal Place of Dusiness (if different from line 2) City State/Zip (or Country)		
Control Name Telephone E-mail Paul Hobetson 207-659-9330	(optional)	5. Serale ID # 30781637
7. Clicui Name () Soft NARPPS		6, House 10 # 30781037
	Date	
INCOME OR EXPENSES - Complete Either	Line 12 OR Line 13	
INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \(\text{C}\)		
12. Lobbying Firms INCOME relating to lobbying scrivities for this reporting period was:	Line 12 OR Line 13 13. Organizati EXPENSES relating to lobbying activi period were: Less than \$19,000 \$10,000 or more (1) >> \$	spenses (neurest \$20,000) toox to indicate expense or description of options. ting LDA definitions only der section 6033(b)(8) of Code

Paul Johnson - Executive Vice President and General Manager

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Clie	nt Name:	NARPPS	
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15.	General issue	area code HCR (one per page)	
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Client Name: NARPPS			
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lient Name:	NARPPS		w.uv-vooov-v		
formation t	Update Page - Co	mplete ONLY wh	ere registration information ha	s changed.	
20. Client new add	ress		······································		~~~
L. Client new prin	rcipal place of business (if a	lifferent from time 205			
City		State/Zip (or Country)			
22. New general de	scription of client's busines	v	,		
LOBBYIST U: 23. Name of cac Ruhlin, We	th previously reported	individual who is r	o lenger expected to set as a lob	byist for the client	
ISSUE UPDAT		·····			
84. General lobt	syling issues proviously	reported that no le	onger penain		
AFFICIATED	ORGANIZATION owing affiliated organi	S zation(s):			
	Name		Address	Principal Place of Business (city and state or country)	
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6. Name of eac	h previously reported (organization that is	no longer affiliated with the reg	istrant or client	
OREIGN EN					
7. And the 1946	wing foreign entities				·
Name		Atdres¢	Principal Place of Business (city and state or country)	Amount of contribution for Inhibying setivities	Ownership % in client
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