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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 11/15/2001

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name McGuireWoods Consulting, LLC

Address 1050 Connecticut Avenue, NW Suite 1200

City Washington

State DC

Zip 20036

4. Principal place of business (if different from line 3)

City Richmond

State/Zip (or Country) VA 23219

5. Telephone number and contact name

(202) 857-2912

Contact Stephen A. Katsurinis

E-mail (optional)

6. General description of registrant's business or activities

public affairs consulting

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* ☐ Self

7. Client name National Association of State Treasurers

Address 444 N. Capitol Street, Suite 401

City Washington

State DC

Zip 20001

8. Principal place of business (if different from line 7)

City Lexington

State/Zip (or Country) KY 40501

9. General description of client's business or activities

organization of state officials

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>L.F. Payne</u>	
<u>Hana Brilliant</u>	
<u>Frank J. Donatelli</u>	



Registrant Name McGuireWoods Consulting, LLC Client Name National Association of State Treasurers

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

FIN

12. Specific lobbying issues (current and anticipated)

Educate Members of Congress related to college network savings plans

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the re
a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying ac

☒ No ⇒ Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity m
the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busine (city and state or count

FOREIGN ENTITIES

14. Is there any foreign entity that:

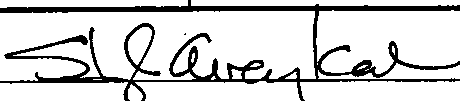
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or su
activities of the client or any organization identified on line 13; **or**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the
of the lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ↓ Complete the rest of this section for each
matching the criteria above, then sign ar
registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature



Date

11/25/2001

Printed Name and Title Stephen A. Katsurinis, Vice President

