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

SECRETARY OF THE SENATE

04 MAR 12 PH 4: 52

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 2 15 200			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name MERCURY PUBL				
Address 137 FIFTH AVENU	JE JSFL			
	State NY Zip 10010			
4. Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name (24) 681-1380 Contact	Krystyna Hall E-mail (optional)			
6. General description of registrant's business or activiti	es Public affairs			
labeled "Self" and proceed to line 10. Se. 7. Client name AARON GLEICH	ration for each client. Organizations employing in-house lobbylists should ch If STREET, TB State NY Zip 10024 State/Zip (or Country) HUD Administrator			
this section has served as a "covered executive bran	I to act as a lobbyist for the client identified on line 7. If any pench official" or "covered legislative branch official" within two and/or legislative position(s) in which the person served.			
Name	Covered Official Position (if applica			
KIERAN MAHONEY				
THOMAS DOHERTY				
Filing #13c57fe6-b9e5-4b30-8f5b-3	142343b790c - Page 1 of 4			

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Form LD-1 (Rev. 06/98)				

Registrant Name MFRCI	IRY PUBLI	Client N	ame AARON	<u>6</u> J	BICH	
LOBBYING ISSUI	ES	licable codes list	ed in instructions and	on the re	verse side of Fo	orm LD-
12. Specific lobbying issues	(current and anticip	ated)				
Housing issue	-	,				·
AFFILIATED ORG 13. Is there an entity other a semiannual period ar	than the client tha	t contributes n	•			
No ⇔ Go to lin	ne 14.	Yes I Complete the rest of this section for each entity the criteria above, then proceed to line 14.				
Name		Address			Principal Place of Bu (city and state or co	
b) directly or in activities of c) is an affiliate of the lobbyi	tity that: 20% equitable ow directly, in whole the client or any or of the client or an ng activity?	or in major pa rganization ide y organization	client or any organizet, plans, supervises, entified on line 13; 0 identified on line 13	controls r s and has	s, directs, fina	nces or
No ⇒ Sign and date the registration.		☐ Yes Complete the rest of this section for ea matching the criteria above, then sign registration.				
Name	Addre	SS	Principal place of business (city and state or cou		Amount of contribution lobbying activation	for
Signature Filing #1	3c57fe6-b9e5-4b30-	8f5b-3142343b	790c - Page 3 of 4	Date	3 05	200

Printed Name and Title KIERAN MAHONEY, PARTNER

Form LD-1 (Rev. 06/98)