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



02 FEB - 7 AM 7: 44

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Reg	stration 🕌	1. Effective Date of Registration	van 1,
2. House Identification Number		Senate Identification Number	
REGISTRANT 3. Registrant name	National Strate	egies, Inc.	
Address	888 17th St.,	NW., 12th Floor	***************************************
City	Washington		20006
4. Principal place of business (if City	different from line 3)	State/Zip (or Country)	
5. Telephone number and contact (202) 429 8744	et name		ptional)
6. General description of registr Consulting	ant's business or activities		
CLIENT A Lobbying firm is required "Self" and pro		or each client. Organizations employing in ho	ouse lobbyista should
Address	1660 L Street,	NW.,.4th Floor	
City	Washington	State DC Zip	20036
8. Principal place of business (if City	different from line 7)	State/Zip (or Country)	
9. General description of client'	s business or activities	t Satellite Television	n
this section has served as a	covered executive branch off	as a lobbyist for the client identified of icial" or "covered legislative branch or legislative position(s) in which the position(s) in which the position(s)	fficial" within tv
	Name	Covered Official I	Position (if appli
Christopher McLean		(Executive Bran Administrator,	
Anthony Haynes			****************************
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	Form LD-	1 (Rev. 06/98)					
7.							

Nati Registrant Name	onal S	trategies,	Inc. Client Name	General	Motors
LOBBYING ISSU 11. General lobbying issu TEC		lect all applicable	codes listed in in	structions and on	the reverse side of Form
12. Specific lobbying issu	es (current	and anticipated)	-	· · · · · · · · · · · · · · · · · · ·	
Echostar/Dir	ecTV me	erger			
AFFILIATED OR 13. Is there an entity other a semiannual period No ⇒ Go to I	er than the	client that conti	oart plans, super Yes Comp	vises or controls	this section for each en
Name			Address	itteria attove, u	nen proceed to line 14. Principal Place of
	**				(city and state or
b) directly or i activities of	ntity that: t 20% equindirectly, if the client e of the cliing activity	n whole or in m or any organiza ent or any organ /?	ajor part, plans, tion identified o nization identifie	supervises, con on line 13; or ed on line 13 and	on identified on line 13 trols, directs, finances d has a direct interest in rest of this section for criteria above, then sign
Name		Address		ncipal place of business d state or country	Amount of contribution for lobbying activities
			·		

___ Date____

January 1

Signature_

Printed Name and Title <u>David Aylward</u> , <u>President</u> Form LD-1 (Rev. 06/98)					
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