Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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H. D.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 🚨	1. Effective Date of Registration $9/8/99$
2. House Identification Number	Senate Identification Number
	ssociates
City Boston	1600 State MA Zip <sub>02108</sub>
Principal place of business (if different from line 3)     City	,
5. Telephone number and contact name	Jim Baptiste Famail (optional)
6. General description of registrant's business or activities  Consulting	
fabeled "Self" and proceed to line 10.  Self 7. Client name Sovereign Bank	tion for each client. Organizations employing in-house lobbyists should check the bax
	Ohan "Yin
8. Principal place of business (if different from line 7)	State MA Zip 02110
City	State/Zip (or Country)
9. General description of client's business or activities  Banking	
this section has served as a "covered executive branc	to act as a lobbyist for the client identified on line 7. If any person listed in the official of or covered legislative branch official within two years of first and/or legislative position(s) in which the person served.
Name	Covered Official Position (if applicable)
John D. Cahill	
Roger Berry	
Firsta E, D-1 4Rev   06/981	There I

<ol> <li>General lobbying issue at</li> </ol>	S reas, Select all ap	plicable codes lis	ne bas snotcetted in instructions	the reverse	side of Form LD-	1, page 1.	
fin	·	•					
2. Specific lobbying issues	(current and antic	ipated)					
Justice Dep	partment re	eview of F	leet/Bank of Bo	ston D	ivestiture.		
FFILIATED ORG  Is there an entity other a semiannual period an	than the client th	at contributes r	more than \$10,000 to the	e lobbying Is the regis	activities of the	registrant is activities?	
☐ No   □ Go to line	e 14.	☐ Yes	☐ Yes 1 Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name		Address		Principal Place of Business (city and state or country)			
OREIGN ENTITI	ES						
b) directly or in activities of c) is an affiliate	20% equitable of directly, in whole the client or any	e or in major pi organization id	e client or any organiza art, plans, supervises, c lentified on line 13; <b>or</b> n identified on line 13;	ontrols, dir	ects, finances or	subsidizes	
02 the 1000 y 11		n.		he rest of t	his saction for m		
No⇔ Sign and da	te the registratio	-11	Yes ! Complete to matching the registration	ne criteria :	above, then sign		
_	te the registratio		matching ti	ne criteria :		and date the	
No ⇒ Sign and da			matching the registration Principal place of business	ne criteria :	Amount of ontribution for	Ownership percentage	