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 SEN

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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)				
	ctive Date of Registration March			
2. House Identification Number 37338000 Senate 1	enate Identification Number 293335			
REGISTRANT  3. Registrant name Quality marcfield Tricon	_1.			
3. Registrant name Cyrthia Merifield Tripo  Address 607 14 au St NW	011			
Address 607 144 84 NW				
City Washington	State DC Zip 20005			
4. Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name (202) 354.8221 Contact Cyrithia	Tripooli E-mail (optional)			
6. General description of registrant's business or activities  Optenment relations				
CLIENT A Lobbying firm is required to file a separate registration for each clie  labeled "Self" and proceed to line 10.  Self  7. Client name The YMCA of The USA  Address 1101 1744 Street NW	***************************************			
City Washington DC	1			
8. Principal place of business (if different from line 7)  City Chicago II	State/Zip (or Country)			
9. General description of client's business or activities  Non-profit entity Servicing Chil	dren and families			
LOBBYISTS  10. Name of each individual who has acted or is expected to act as a lobe this section has served as a "covered executive branch official" or acting as a lobbyist for the client, state the executive and/or legislate.	"covered legislative branch official" within tw			
Name	Covered Official Position (if appli			
Cynuhia Menifield Tripodi				
Hazen mashall	Sensk Zudget committee			
Rachel Jones	Serak Budget committee			

Stacey thighes
Jody ternandez
Form I.D-1 (Rev. 06/98)
David Francis

Senator Don Nickts

legistrant Name <u>Cyn4hìa M</u>	erifield Tripa	Client Name	The yme	ca of the USA	
LOBBYING ISSUES 11. General lobbying issue areas	s. Select all applica	ble codes listed in inst	ructions and on t	he reverse side of Form L	
BUD HCR -	FAX EDU				
12. Specific lobbying issues (cu Health and well	ment and anticipate mess, child	<sub>d)</sub> nen, Jerusalen	n ymca a	ppropriations,	
3. Is there an entity other that a semiannual period and i	n the client that c				
No ⇒ Go to line 1	4.	Yes   Complete the rest of this section for each enti- the criteria above, then proceed to line 14.			
Name		Address		Principal Place of E (city and state or c	
b) directly or indirectly or indirectly or indirectly activities of the	that: % equitable owne ectly, in whole or client or any orga	in major part, plans, mization identified o	supervises, com n line 13; <b>or</b>	on identified on line 13; strols, directs, finances	
of the lobbying a  No ⇒ Sign and date t	ectivity?	_	I Complete the	d has a direct interest in	
			registration.	criteria above, then sig	
Name	Address		ncipal place of business id state or country	Amount of contribution for lobbying activities	
Signature Cynthe	·menfield	b Frigodi 04-f92a72be447f - Pag		ite_3/18/05	

Printed Name and Title Cynthia Merifield Tripodi

Form LD-1 (Rev. 06/98)

Partner

The Nickles Group