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

Form LD-1 Rev. (06/98)

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

CORETARY OF THE SENATE BOOKED 27 PM 2:43

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) Check if this is an Amended Registration U 1. Effective Date of Registration 2. House Identification Number Senate Identification Number REGISTRANT 3. Registrant Name King & Spalding Address 1730 Pennsylvania Avenue, NW City Washington State D.C. 20006 Zip 4. Principal Place of Business (if different from line 3) State/Zip (or Country) City 5. Telephone number and contact name (202) 626-2901 Contact Ted Hester E-mail (optional) 6. General description of registrant's business or activities Law Firm CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the bas labeled "Self" and proceed to line 10. 7. Cliest name Farm Market iD Address 2516 Via Tejon, #303 Palos Verdes Estates 8. Principal Place of Business (if different from line 7) City State/Zip (or Country) 9. General description of client's business or activities Farming information provider 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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a labbyist for the client, state the executive and/or legislative position(s) in which the person served. Name Covered Official Position (if applicable) William C. Talmadge Ashley Whitesides

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Registrant Name Kir	ng & Spalding	Client Name Fai	m Mar	ket iD	
LOBBYIST ISSUES 11. General Jobbying issues ar		listed in instructions and o	on the re	everse side of Form LD-	ī, page l.
AGR					
12. Specific lobbying issue:	s (current and anticipated)				<u> </u>
Issues pertaining to a Free	dom of Information request of	the Department of Agricul	ture.		
	ANIZATIONS ne client that contributes me t in whole or in major part p				
No Go to line 14.		☐ Yes Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.			
Name		Address		Principal Place of Business	
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 b) directly or indi- activities of the 	ty that:)% equitable ownership in treetly, in whole or in majore client or any organization of the client or any organization.	part, plans, supervises, identified on line 13; or	control	s, directs, finances or	subsidizes
No ♥ Sign and date the registration.		□ Yes Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.			
Name	Address	Principal place of		Amount of	Ownership
		business			percentage
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ignature	M	12/19	N		
rinted Name and Title	Ted Hester, Partner				
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