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

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amen	ded Registration	1. Effective Date of Registration 12/1/2002			
2.	House Identification	Number	Senate Identification Number			
R	EGISTRANT					
3.	Registrant Name	FH/GPC				
	Address	601 13th Street, N.W.	Suite 410 South			
	City	Washington	State DC Zip 20005			
4.	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number a	and contact name Contact	E-Mail (optional)			
	202-737-0100	Jeremy Shields	shieldsj@fh-gpc.com			
6.	•	of registrant's business or activiti	s			
<b>C</b> ]		bying firm is required to file a separa ed "Self" and proceed to line 10. 🏻	te registration for each client. Organizations employing in-house lobbyists shou Self			
7.	Client Name	Fleishman Hillard				
	Address 1615 L Street NW Suite 1000					
	City	Washington	State DC Zip 20036			
8.	Principal place of b	usiness (if different from line 7)				
	City		State/Zip (or Country)			
9.	General description of client's business or activities  Public relations firm					
	in this section has s	erved as a "covered executive bra	to act as a lobbyist for the client identified on line 7. If any person listed ach official or "covered legislative branch official" within two years of tive and/or legislative position(s) in which the person served.			
	Name		Covered Official Position (if applicable)			
	Larry LaRocco					

Form LD-1 (Rev. 06/98)

## 00030042633

Registrant Name:	FH/GPC						
Client Name:	Fleishman Hillard						
LOBBYING  11. General lobb  BUD		applicable codes listed in	n instructions and on the reverse s	ide of Form LD-1, page 1.			
12. Specific lobb							
13. Is there an er	period and in whole or majo	at contributes more than	\$10,000 to the lobbying activitie or controls the registrant's lobbyi Complete the rest of this section criteria above, then proceed to	ng activities? n for each entity matching t			
	Name	A	ddress	Principal Place of Busin (city and state or count			
FOREIGN E	ENTITIES foreign entity that:						
b) dire of th c) is an	ctly or indirectly, in whole the client or any organization	or in major part, plans, s n identified on line 13; o	my organization identified on line upervises, controls, directs, finant r lon line 13 and has a direct interest.	ces, or subsidizes activities			
🖄 No. Sign	and date the registration.	☐ Yes.	Complete the rest of this section criteria above, the sign and date	<del>-</del>			
Name		Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities			
Signature			Date	2/14/2003			

Form LD-1 (Rev. 06/98)