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 SECRETARY OF THE  
 U.S. SENATE

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 7/1/2002

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Clark & Associates

Address 1020 19th Street, NW, Suite 700

City Washington

State DC

Zip 20036

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 246-1600

Contact Steve Clark

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Public Affairs Consultants

## CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check*

*labeled "Self" and proceed to line 10.*  Self

7. Client name AICPA

Address 1455 Pennsylvania Avenue, NW

City Washington

State DC

Zip 20004-1081

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Accounting

## 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Steve Clark	



Registrant Name Clark & Associates Client Name AICPA

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

ACC

12. Specific lobbying issues (current and anticipated)

General business issues before the U.S. Congress and federal government.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or coi

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Steve Clark Date 08/05/200

Printed Name and Title Steve Clark - President

