

# BARNES & THORNBURG

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SECRETARY OF THE SENATE  
03 DEC 31 AM 11:37  
11 South Meridian Street  
Indianapolis, Indiana 46204-4053  
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December 22, 20

Secretary of the Senate  
Office of Public Records  
232 Hart Office Building  
Washington, D.C. 20510

Re: Form LD-1: Lobbying Registration  
Registrant: Barnes & Thornburg  
Client: Capitol-Contacts.com

Dear Secretary of the Senate:

✓ I am enclosing two originals of a *Form LD-1 Lobbying Registration* for the ab-  
referenced registrant. Please file the form and return a file-marked copy to me in the encl-  
self-addressed, postage paid envelope. I am also filing the *Form LD-1 Lobbying Registra*  
with the Clerk of the House of Representatives.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Bonnie J. Lewis

enclosures  
INDS01 BZL 636856v1

Indianapolis

Fort Wayne

South Bend

Elkhart

Chicago

Washington

pClerk 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

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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 12/01/2003

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

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

**REGISTRANT**3. Registrant name **Barnes & Thornburg**Address **11 South Meridian Street**City **Indianapolis** State **IN** Zip **46204**4. Principal place of business (if different from line 3) **n/a**City **n/a** State/Zip (or Country) **n/a**

5. Telephone number and contact name

**(317) 231-7506**Contact **Bonnie J. Lewis**

E-mail (optional)

**bonnie.lewis@btlaw.co**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 lobbyistsshould check the box labeled "Self" and proceed to line 10.  Self7. Client name **Capitol-Contacts.com**Address **P.O. Box 81  
Fleetwood Station**City **Mt. Vernon** State **NY** Zip **10552**8. Principal place of business (if different from line 7) **n/a**City **n/a** State/Zip (or Country) **n/a**9. General description of client's business or activities **Locator/Information Directory/Resource****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 has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing this registration for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Walt A. Sanders	n/a
Joseph J. Summerill IV	n/a



Registrant Name Barnes & Thornburg

Client Name Capitol-Contacts.com

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD EDU \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

**General government relations representation including issues relating to additional funding for civic/social studies education p**

**AFFILIATED ORGANIZATIONS**

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

- 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 (city and state or country)

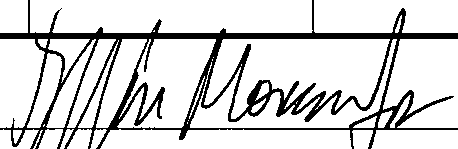
**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities 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 the outcome of the lobbying activity?

- No ⇒ Go to line 14.       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 business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 12/19/03

Printed Name and Title D. William Moreau, Jr., Partner

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