

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  
07 AUG 16

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 05

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

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

**REGISTRANT**  Organization  Individual

3. Registrant Prefix Mrs. First Terese Last Ghio

Address 13535 Cloudcroft Ct Address2 \_\_\_\_\_

City Poway State CA Zip 92064 - \_\_\_\_\_ Co \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Co \_\_\_\_\_

5. Contact name and telephone number  International Number

Contact Mrs. Terese M Ghio Telephone (858) 722-9388 E-mail tmghio@yahoo.com

6. General description of registrant's business or activities

Part Time Government Relations Consultant

**CLIENT** *A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name Invitrogen Corporation

Address 1600 Faraday Avenue

City Carlsbad State CA Zip 92008 - \_\_\_\_\_ Co \_\_\_\_\_

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

City Poway State CA Zip 92064 - \_\_\_\_\_ Co \_\_\_\_\_

9. General description of client's business or activities

Biotechnology Research Tools Company

## 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 prior to the date of registration 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) |
|--------|------|--------|---|
| First  | Last | Suffix |   |
| Terese | Ghio |        |   |
|        |      |        |   |
|        |      |        |   |
|        |      |        |   |

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### LOBBYING ISSUES

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

BUD CPT

12. Specific lobbying issues (current and anticipated)

FY08 LHHS Appropriations, H.R.3043, S.1710 - in favor of additional biomedical research funding  
Patent Reform Act, H.R.1908, S.1145 - against inclusion of research use exemption; concerns with post grant opposition of PTO authority, and apportionment of damages language.

### 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 period and in 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 match criteria above, then proceed to line 14.

| Name | Address |                |          | Principal Place of Bus |
|------|---------|----------------|----------|------------------------|
|      | Street  | State/Province | Zip Code | Country                |
|      | City    |                |          | City                   |
|      |         |                |          | State Country          |
|      |         |                |          | City                   |
|      |         |                |          | State Country          |
|      |         |                |          | City                   |
|      |         |                |          | State Country          |

### FOREIGN ENTITIES

14. Is there any foreign entity

- 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 a 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 the outcome of lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

| Name | Address |                |         | Principal place of business | Amount of contribution  |
|------|---------|----------------|---------|-----------------------------|-------------------------|
|      | Street  | State/Province | Country | (city and state or country) | for lobbying activities |
|      | City    |                |         | City                        |                         |
|      |         |                |         | State Country               |                         |
|      |         |                |         | City                        |                         |
|      |         |                |         | State Country               |                         |

Signature

*Terese M. Ghio*

Date 08/1

Printed Name and Title Terese Ghio, Government Relations Consultant

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