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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 07-30-05

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Joseph Maxwell Cleland

Address 2460 Peachtree Rd. NW, Suite 1406

City Atlanta

State GA

Zip 30305

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(54) 929-2600

Contact Michael Dugg E-mail (optional) _____

6. General description of registrant's business or activities

to consult and assist in obtaining funding for car

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ Self

7. Client name Tissue Regeneration Technologies

Address 110 Arnold Mill Park

City Woodstock

State GA

Zip 30188

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

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)
<u>Gerald Harrington, Capital City Corp</u>	
<u>Michael Dugg</u>	



Printed Name and Title Joseph Maxwell Cleland, LLC

Form LD-1 (Rev. 06/98)