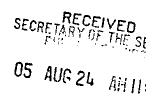
clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an An	nended Registration	×	1. Effe	1. Effective Date of Registration 08/05/2			
2. House Identification Number 30552000			O Senate Identification Number 22				
REGISTRANT							
3. Registrant name	Ms.	Juliana		Smith.			
Address 1120 (Connecticut Aveni	ue, NW	*************************************	Suite 480			
City Washi	ngton	St	ate DC	Zip 20036	υ		
4. Principal place of	of business (if diff	Ferent than line 3)					
City		St	ate	Zip			
5. Telephone numb	per and contact na	me			***************************************		
(202) 77	75-8277	Contact Ms.	Stephanie Pati	rick E-mail spatrick@eatrig	jht.org		
6. General descript Lobbying health	tion of registrant's n and nutrition iss						
	"Self" and proceed to lir	ne 10. L. Self	n for each client. Or	ganizations employing in-house lobbyisi	is should check the		
Address 1120 C	Connecticut Avenu	ie, NW					
City Washii	ngton	St	ate DC	Zip 20036	U		
8. Principal place	of business (if diff	erent than line 7)	***************************************				
City		St	ate	Zip			
9. General descript Lobbying health	tion of client's bus n and nutrition iss						
section has serve	ed as a "covered exe	cutive branch offic	ial" or "covered	for the client identified on line 7 legislative branch official" within in which the person served. Covered Official Position (if app	n two years of f		
Juliana	Smith						

			!				

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gistrant Name_Juliana S	Smith.	Client Nam	Client Name American Dietetic Association			
LOBBYING ISSU 11. General lobbying issue		pplicable codes lis	ted in instruction	ons and on the	reverse side of Form LD-1, 1	
AGR FOO	HCR	MMM				
12. Specific lobbying issu Lobby health and nut	*	= "				
	r than the client tha	it contributes more			activities of the registrant in rant's lobbying activities?	
No ⇔ Go to line	e 14.	Yes⇔ Complete the rest of the criteria above, then pro			is section for each entity matchin ceed to line 14.	
Name		Address			Principal place of Busir (city and state or cour	
FOREIGN ENTI:		<u>-</u>				
b) directly or the client o	indirectly, in whole or any organization ate of the client or a	e or in major part, identified on line	plans, supervis 13; or	es, controls, di	ified on line 13: Or rects, finances or subsidizes direct interest in the outcome	
No ⇒ Sign and	date the registration	n. [-	-	est of this section for each en riteria above, then sign and d	
Name	Ad	ldress	bı	pal place of usiness tate or country)	Amount of contribution for lobbying activities	
Signature MA	Autrice)			Date	8.15.05	
Printed Name and Title	Stephanie Pa	atrick, VP Polic	y Initiatives	-		

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