Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SECRETAL OS FEB 2

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name		
Organization Blank Rome Government Relation	ns LLC	
2. Address Check if different than previously reported		
Address1 600 New Hampshire Avenue, NW		
City Washington State	DC Zip Code 20037	Country US
3. Principal place of business (if different than line 2)		
City State	Zip Code e/Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Ms. Rebecca South (202)772-5803 so	outh@blankrome.com	6325-219
7. Client Name Self Marine Industries Association of South Florida		6. House ID # 3588308
		rear End (July 1-Decembe
TYPE OF REPORT 8. Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ☐ ⇒ Termination Description The INCOME OR EXPENSES - Complete Either Line		Cear End (July 1-December 11. No Lobbying Acti
TYPE OF REPORT 8. Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ☐ Termination Description	12 OR Line 13	Tear End (July 1-December 11. No Lobbying Acti
TYPE OF REPORT 8. Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ☐ ⇒ Termination Description The INCOME OR EXPENSES - Complete Either Line	12 OR Line 13	Zear End (July 1-December 11. No Lobbying Acti
TYPE OF REPORT 8. Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination District INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period	12 OR Line 13 13. Org EXPENSES relating to lobbying	Tear End (July 1-December 11. No Lobbying Acti
TYPE OF REPORT 8. Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination District INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	2 12 OR Line 13 13. Org EXPENSES relating to lobbying were:	Tear End (July 1-December 11. No Lobbying Acti
TYPE OF REPORT 8. Year 2005 Midyear (Jan' 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination Description Income of Expenses - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$ 40,000 Provide a good faith estimate, rounded to the nearest \$20,000,	EXPENSES relating to lobbying were: Less than \$10,000	Tear End (July 1-December 11. No Lobbying Actions anizations activities for this reporting \$
TYPE OF REPORT 8, Year 2005 Midyear (Jan 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination Description Income of Expenses - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$ 40,000	EXPENSES relating to lobbying were: Less than \$10,000 \$10,000 or more 14. REPORTING METHOD. accounting method. See instruction of the method of the met	Tear End (July 1-December 11. No Lobbying Activities for this reporting activities for this reporting activities for this reporting the constant of the consta

Printed Name and Title Rebecca South, Government Relations Administrator

Andle

1
'5]
-
1
-
Ę
1
THE PERSON
II.

outh
ch the
0 1 3 1
ū
10 10 10 10 10 10 10 10 10 10 10 10 10 1
: : : : : :
:

Page 2

İ	
Ų.	
1	
A Lin	
15	
/	
1	
1	
C	

egistrant Name Bl	ank Rome Gover	nment Relations LLC	Client Name Marine Industries Association of South F
engaged in lobbyi	ing on behalf of	~	ecessary to reflect the general issue areas in which the eporting period. Using a separate page for each cod needed.
15. General issue	area code MAF	R - Marine/Maritime/Bo	ating/Fisheries (one per page)
16. Specific lobby	ing issues		Add page to continue specific issues description for this issue
Addressing ma	arine labor issue	es- H.R. 940/S.902 The	Recreational Marine Employment Act.
House of Repressentate	sentatives	deral agencies contact o acted as a lobbyist ir	
First Name Kelly	Name Last Name Bobek	·	Covered Official Position (if applicable)
James	Drewry		L 19 19 19
Heather	Podesta		
Duncan	Smith	III	
Desiree	Westby		
C.J.	Zane		
19. Interest of eac	ch foreign entity	vin the specific issues	listed on line 16 above Check if None
			!! Add a page for a diffe

Page 3

(^
Q.
IJ
Andre
17
.1
-
land a
,

	ite Page - Complete ONLY w	here regi	stration info	rmation has	changed.
20. Client new address					<u> </u>
Address					i. Vi
City		State	Zip Code	:	Country
21. Client new principal	I place of business (if different than lin	e 20)			*
City	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code		Country
22. New general descrip	otion of client's business or activities				<u> </u>
LOBBYIST UPDA		_			
23. Name of each prev	viously reported individual who is I Last Name Suffix	no longer	expected to act First Name	as a lobbyist Last Name	for the client
		3			<u> </u>
2		4			'i '' '
ISSUE UPDATE		F	Find the code to	select helow	
24. General lobbying i	issues that no longer pertain	,	ma the code to	GOICOL BOIOW	* :
				<u> </u>	•
AFFILIATED ORG	JANIZATIONS affiliated organization(s)				
Name		Address		Principa	ıl place of Busin
					d state or coun
DOTOM MOMOMENTANDA				• • • • • • • • • • • • • • • • • • • •	i i
	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	
	Address C/S/Z	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City State	Country
	C/S/Z Address			State City	Country
	C/S/Z Address C/S/Z			State City State	
26. Name of each prev	C/S/Z Address	s no longe		State City State the registran	
26. Name of each prev	C/S/Z Address C/S/Z	s no longe	r affiliated with	State City State the registran	
FOREIGN ENTITI	C/S/Z Address C/S/Z viously reported organization that is 2	s no longe		State City State the registran	
] FOREIGN ENTITI	C/S/Z Address C/S/Z viously reported organization that is 2	Principal		State City State the registran	t or client ontribution activities
FOREIGN ENTITI 27. Add the following	C/S/Z Address C/S/Z viously reported organization that is 2 IES foreign entities Address	Principal	place of business	State City State The registran Amount of co	t or client
FOREIGN ENTITI 27. Add the following	C/S/Z Address C/S/Z viously reported organization that is 2 IES foreign entities Address	Principal (city and	place of business	State City State The registran Amount of co	t or client ontribution activities
FOREIGN ENTITI 27. Add the following Name 28. Name of each previous	C/S/Z Address C/S/Z viously reported organization that is 2 IES foreign entities Street Address City Address State/Province Country ously reported foreign entity that no lo	Principal (city and City State	place of business state or country) Country	State City State The registran Amount of co	ontribution activities cl
FOREIGN ENTITI 27. Add the following Name	C/S/Z Address C/S/Z viously reported organization that is: 2 IES foreign entities Street Address City Address State/Province Country ously reported foreign entity that no lone	Principal (city and City State	place of business state or country) Country or controls, or i	State City State The registran Amount of confortobying s affiliated with	ontribution activities cl
FOREIGN ENTITI 27. Add the following Name 28. Name of each previous	C/S/Z Address C/S/Z viously reported organization that is 2 IES foreign entities Street Address City Address City State/Province Country ously reported foreign entity that no lo	Principal (city and City State	place of business state or country) Country or controls, or i	State City State The registran Amount of confort lobbying s affiliated with	ontribution activities cl
FOREIGN ENTITI 27. Add the following Name 28. Name of each previous	C/S/Z Address C/S/Z viously reported organization that is: 2 IES foreign entities Street Address City Address State/Province Country ously reported foreign entity that no lone	Principal (city and City State	place of business state or country) Country or controls, or i	State City State The registran Amount of co for lobbying s affiliated with	ontribution activities cl