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 THE SENATE

05 SEP 20 AM 10: 55

| LOBBYING REGISTRATION | |
|--|--|
| Lobbying Disclosure Act of 1995 (Section 4) | 9-14-01 |
| O110011 to ==== 0 | tive Date of Registration |
| 2. House Identification Number 36049 Senate I | dentification Number (\$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| REGISTRANT 3. Registrant name A COUNTY A COU | on + ASSOC |
| Address 1530 KEY BLV | n' # 1222 |
| | State / V D Zip 2220 |
| 4. Principal place of business (if different from line 3) | |
| City | State/Zip (or Country) |
| 5. Telephone number and contact name () 03-524-320 Contact NCIC | Suncing (Optional) |
| 6. General description of registrant's business or activities | NSULTING FI |
| CLIENT A Lobbying firm is required to file a separate registration for each clients | ent. Organizations employing in-house lobbyists should chec |
| labeled "Self" and proceed to line 10. Self 7. Client name | MC. |
| Address 303 TVIN C | DOLPHIN DRIVE? |
| City REOWOOD SHORES | State C Zip GUOV V |
| 8. Principal place of business (if different from line 7) City | State/Zip (or Country) |
| 9. General description of client's business or activities | OCUSED ON |
| LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lob this section has served as a "covered executive branch official" or acting as a lobbyist for the client, state the executive and/or legisla | "covered legislative branch official" within two y |
| Name | Covered Official Position (if applicab |
| JACIC DUREMIARY | |
| * | |

| | ************** | |
|------------------------|----------------|--|
| Form ED-1 (Rev. 06/98) | • | |
| | | |

| Client Nam | 10 ED | b |
|--|--|---|
| ll applicable codes listed | l in instructions and on the r | reverse side of Form LD-1, p |
| nticipated) | Jana | te the |
| nt that contributes mo or in major part plans | Complete the rest of thi | s section for each entity m |
| Ado | | Principal Place of Busin (city and state or count |
| | | |
| whole or in major par any organization ide | t, plans, supervises, cont ntified on line 13; O F | rols, directs, finances or s |
| tration. | | rest of this section for eac criteria above, then sign a |
| Address | Principal place of business (city and state or country | Amount of contribution for lobbying activities |
| | Inticipated) IONS Int that contributes more in major part plans, and any organization idea any organization idea are any organization. | IONS Int that contributes more than \$10,000 to the loor in major part plans, supervises or controls the criteria above, ther Address Address Address Address Address Tration. Yes Complete the rest of this the criteria above, there are any organization identified on line 13; Or any organization identified on line 13 and the area are any organization identified on line 13 and the area are also are any organization identified on line 13 and the area are also ar |

Filing #461dc3d2-8282-451c-aa46-b7515f63454c - Page 3 of 4

Printed Name and Title

Porm LD-I (Rev. 06/98)