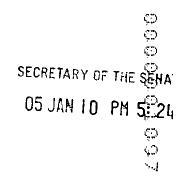
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration □	1. Effective Date of Registration 1/4/2005		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name International Crisis Group			
Address 1629 K Street NW Suite 450			
City Washington, DC	State Zip 20006		
4. Principal place of business (if different from line 3 City Brussels) State/Zip (or Country) Belgium		
5. Telephone number and contact name (212) 813-0820 Contact	Carole Corcoran E-mail (optional) ccorcorar		
6. General description of registrant's business or active Non-profit organization	vities		
CLIENT A Lobbying firm is required to file a separate registra labeled "Self" and proceed to line 10. Self 7. Client name Address	tion for each client. Organizations employing in-house lobbyists should check		
City	State Zip		
8. Principal place of business (if different from line 7 City9. General description of client's business or activities	') State/Zip (or Country)		
in this section has served as a "covered executive bran-	I to act as a lobbyist for the client identified on line 7. If any perch official or "covered legislative branch official" within two yound/or legislative position(s) in which the person served.		
Name	Covered Official Position (if applicable)		
Mark Schneider			
Jennifer Leonard			
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Form LD-1 (Rev. 04/03)				

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Registrant Name Interna	tional Crisis Group	Client Name		() () () ()		
LOBBYING ISSUES				Ö		
11. General lobbying issue areas.	Select all applicable codes	s listed in instructions and o	on the reverse	side of Form LD-l ₇ -pa		
FOR DEF				<u> </u>		
12. Specific lobbying issues (cu	rrent and anticipated)			- W		
International Crisis Group Policy relating to foreign				nent with respect to l		
AFFILIATED ORGA 13. Is there an entity other than a semiannual period and in	the client that contribut	es more than \$10,000 to lans, supervises or contro	the lobbying ls the registra	activities of the regis		
No ⇔ Go to line 14.	Yes	Complete the rest of t				
Name			i	Principal Place of Busing (city and state or country		
b) directly or indirectly or indirectly activities of thec) is an affiliate of	that: Owequitable ownership in ectly, in whole or in major client or any organization the client or any organization.	n the client or any organiz or part, plans, supervises, n identified on line 13; OI ation identified on line 13	controls, dire	cts, finances or subsid		
of the lobbying No ⇔ Sign and date t	·	match		of this section for eac ia above, then sign ar		
Name	Address	Address Principal place of business (city and state or cou		Amount of contribution for lobbying activities		
	-			,		
Signature Carch Filing #4	(arroro- 46fc5780-5a61-4122-abbd	-ee0c3a22dd12 - Page 3 of		meeory 4,		

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