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 June 1, 1999		
2. House Identification Number 3418600	Senate Identification Number 44184-12		
REGISTRANT 3. Registrant name The Renkes Group, LID.			
Address 624 Rivercrest Drive			
City McLean	State <sub>VA</sub> Zip 22101		
Principal place of business (if different from line 3)     City Washington, D.C.	State/Zin (or Country)		
5. Telephone number and contact name £02')872-9380 Contact Gz	egg D. Renkes E-mail (optional)gregg@renkes.com		
General description of registrant's business or activities     Public policy planning and analysis			
labeled Self and proceed to line 10. Self 7. Client name FirstEnergy Address	for each client. Organizations employing in-house lobbyists should check the box		
City Akron	State Ohio Zip 44308-1890		
8. Principal place of business (if different from line 7)  City 7	State/Zip (or Country)		
General description of client's business or activities     Electric Utility			
LOBBYISTS  10. Name of each individual who has acted or is expected to a this section has served as a "covered executive branch o acting as a lobbyist for the client, state the executive and	The second secon		
Name	Covered Official Position (if applicable)		
Gregg D. Renkes			
Form LD-1 (Rev. 06/98)	Page )		

LOBBYING ISSUES 11. General lobbying issue are		licable codes li	sted in instructions and or	the reverse	e side of Form LE	)-I, page 1.	
12. Specific lobbying issues (c	وللمنطوع والمعارض فيتنظر	The second second	- Demi	-	-		
Legislation rele	vant to	the elec	tric stility	indus;	5		
AFFILIATED ORGA			N \$30,000 N				
<ol> <li>Is there an entity other the a semiannual period and</li> </ol>							
No⇒Go to line l	14.	Yes 1 Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.					
Name	Name Address		Principal Place of Business (city and state or country)				
	į						
FOREIGN ENTITIES  14. Is there any foreign entity							
b) directly or indir	rectly, in whole	or in major pa	client or any organiza rt, plans, supervises, co				
	f the client or an		entified on line 13; <b>or</b> n identified on line 13 a 	ınd has a d	irect interest in	the outcome	
No⇔ Sign and date	the registration		Yes I Complete the matching the registration	e critería :	his section for eabove, then sign		
	Addre	SS	Principal place of business (city and state or coun		Amount of outribution for bying activities	Ownership percentage in client	
Name							
Name				1			
Name		_					