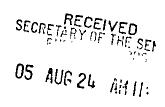
House of Representatives ave Resource Center 06 Cannon Building Washington, DC 20515

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			08/05/2
2. House Id	on Number _	3055200	30552000		Senate Identification Number			
REGIST	RANT		<del></del>		•	<del></del>		
3. Registra	nt name	Ms.	Jennifer			Weber		
Address	1120 Cor	nnecticut Ave	enue, NW	****		Suite 480		
City	Washingt	ton		State	DC	Zip 20036		•••••
4. Principa	l place of l	ousiness (if d	ifferent than line	3)	***************************************	***************************************	***************************************	
City				State		Zip		
5. Telepho:		and contact	name		***************************************	•••••	***************************************	***************************************
	(202) 775-	8277	Contact Ms.	Ste	phanie Pat	rick <sub>E-mail</sub> spat	trick@eatrig	ht.org
		5. 6.	t's business or ac ssues for our org					••••••
Address	1120 Con	necticut Ave	c Association		DC	7. 2000e		
	Washingt		ifforest these line	State	DC	Zip 20036		
City	i place of t	ousmess (11 u	ifferent than line	State		Zîp		
	description	n of client's h	ousiness or activi		***************************************	Σψ		
	-		ssues for our org		on.			
section l	feach indiv nas served a	s a "covered e	xecutive branch of	ficial"	or "covered	t for the client identif legislative branch off in which the person Covered Official Po	ficial" within n served.	two years of

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<b>BBYING ISSUES</b> 1. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD								
AGR	F00	HCR	МММ					
=	- <del>-</del>	s (current and ar tion issues for	nticipated)  our organization	1				
Is there:	an entity other		hat contributes m			activities of the registr		
No.	⇒ Go to line	14.	∐ Yes ≒		plete the rest of this seria above, then proceed	ection for each entity m d to line 14.		
	Name		Address			Principal place of Bus (city and state or co		
. Is there	b) directly or ir the client or	ntity that: t 20% equitable adirectly, in who any organizatio of the client or	ole or in major par n identified on lin	t, plans, su e 13; <b>O</b> F	•	fied on line 13: <b>OF</b> ects, finances or subsic lirect interest in the out		
No.		ate the registrati	ion.	Yes		st of this section for ea iteria above, then sign a		
Na	ame		Address	(cit	Principal place of business y and state or country)	Amount of contribution for lobbying activities		

Printed Name and Title Stephanie Patrick, VP Policy Initiatives & Advocacy Filing #52e59e91-c767-42a5-9ea2-b139a9681b68 - Page 3 of 4

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