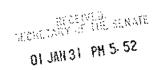
Clerk of the House of Representatives - Secretary of the Senate Legislative Resource Center 8-106 Cannon Building Washington, DC 20515

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 Optember 16, 2000
2. House Identification Number 31971	Senate Identification Number 24240
REGISTRANT 3. Registrant name GRC Indecorptional	
	W Suite 100
City Wathington	
Principal place of business (if different from line 3) City	
3. Telephone number and contact name	ict Claire A Villainen E-mail (optional)
6. General description of registrant's business or activi	
7. Client name Myron 2. Becaraco	istrasion for each client. Organizations employing in-house labbylish should check the box Self
	State DY Zip 10017-
Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities	
this section has served as a "covered executive or	ted to act as a lobbyist for the client identified on line 7. If any person listed in ranch official" or "covered legislative branch official" within two years of first we and/or legislative position(s) in which the person served.
Name	Covered Official Position (if applicable)
brush Morrison	Federal Housing Evidence Board
Shelley MeRice	
приничинунгичничуничуничунич	
Form 1.0-1 (Rev. 06/98)	Stage 5

LOBBYING ISSUE		codes listed in instructions and on the	reverse side of Form LD-	i, page i.		
<u>NES</u>						
12. Specific lobbying issues (current and anticipated)	•				
dispute resolution	of Philadelphia, P	y bodosyl				
AFFILIATED ORGA 13. Is there an entity other to a semiannual period and	han the client that contr	ributes more than \$10,000 to the lob part plans, supervises or controls the	obying activities of the e registrant's lobbying	registrant activities?		
1 No ⇒ Go to line	14.	The Yes 1 Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name '		Address	Principal Place of Business (city and state or country)			
 b) directly or ind activities of the 	ity that: 20% equitable ownersh lirectly, in whole or in a the client or any organiz of the client or any orga g activity?		ols, directs, finances or has a direct interest in t	subsidize he outcom when tity		
a) holds at least b) directly or ind activities of the of the tobbyin	ity that: 20% equitable ownersh lirectly, in whole or in a the client or any organiz of the client or any orga g activity?	najor part, plans, supervises, contro ation identified on line [3; OF anization identified on line 13 and] Yes Complete the re matching the cr	els, directs, finances or has a direct interest in t est of this section for ea	subsidized he outcome toh entity and date (