

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 S

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration October 1,		
2. House Identification Number	Senate Identification Number		
Address 1201 Pennsylvania Avenue.	N.W.		
***************************************	State D.C. Zip 20004		
Principal place of business (if different from line 3) City			
5. Telephone number and contact name	uart E. Eizenstat E-mail (optional) seizen		
CLIENT A Lobbying firm is required to file a separate registration labeled "Self" and proceed to line 10. Self 7. Client name The Artoc Group for Investr Address 15, Giza St., Giza, P.O. Bo	ment & Development		
	State Zip 11511		
8. Principal place of business (if different from line 7) City	State/Zin (or Country)		
9. General description of client's business or activities Egyptian multi-disciplined holding	company.		
LOBBYISTS 10. Name of each individual who has acted or is expected to a this section has served as a "covered executive branch of acting as a lobbyist for the client, state the executive and	official" or "covered legislative branch official" within two		
Name	Covered Official Position (if applical		
Stuart E. Eizenstat	1999-2001 - Deputy Secretary Department of the Treasury 1997-1999 - Under Secretary Business & Agricultural Affa Department of State		
Roderick DeArment			

LOBBYING ISSUE		odes listed in instructions ar	nd on the reverse	e side of Form LD-	
TRD					
12. Specific lobbying issues (current and anticipated)	er relations.			
AFFILIATED ORGA 13. Is there an entity other t a semiannual period and	han the client that contri	butes more than \$10,000 art plans, supervises or co			
☐ No ⇒ Go to line	14.	Yes Complete the rest of this section for each entity the criteria above, then proceed to line 14.			
Name Address		Principal Place of Busi			
b) directly or indactivities of the	ity that: 20% equitable ownershiphic or in mile client or any organization of the client or any organization.	p in the client or any orga ajor part, plans, supervisition identified on line 13 nization identified on line	es, controls, di ; Or	rects, finances or	
☐ No ⇔ Sign and dat	e the registration.		ng the criteria	this section for ea above, then sign :	
Name	Address	Principal plac business (city and state or	c	Amount of contribution for bying activities	