

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 SENATE

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# LOBBYING REPO

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization   <input type="checkbox"/> Individual							
The Glover Park Group LLC							
<b>2. Address</b>   Check if different than previously reported							
Address1	3299 K Street NW	Address2	Suite 500				
City	Washington	State	DC	Zip Code	20007	Coun	
<b>3. Principal place of business (if different than line 2)</b>							
City		State		Zip Code		Cour	
<b>4a. Contact Name</b>		<b>b. Telephone Number</b>		<b>c. E-mail</b>		<b>5. Sent</b>	
Mr. JOEL JOHNSON		(202) 337-0808		jjohnson@gloverparkgroup.com		861	
<b>7. Client Name</b>	Self					<b>6. Hou</b>	
ADVANCED MICRO DEVICES						3654	

**TYPE OF REPORT** 8. Year 2007 Midyear (January 1-June 30) | Year End (July 1-Dec)

.. Check if this filing amends a previously filed version of this report | |

10. Check if this is a Termination Report | | Termination Date \_\_\_\_\_ 11. No Lobbying Acti

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<b>12. Lobbying</b>	<b>13. Organizations</b>
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSE</b> relating to lobbying activities for this were:
Less than \$10,000	Less than \$10,000
\$10,000 or more <input checked="" type="checkbox"/> \$ <u>60,000.00</u>	\$10,000 or more     \$ _____
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>14. REPORTING</b> Check box to indicate accounting method. See instructions for descriptive
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603: Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162: Revenue Code

Signature  Digitally Signed By: 86196 \_\_\_\_\_ Date 02.

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Printed Name and Title \_\_\_\_\_

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**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | CPI | Computer Industry (one per page)

16. Specific lobbying issues

Matters pertaining to procurement

17. House(s) of Congress and Federal agencies | Check if None |  House |  Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Joel	Johnson		
Dick	O'Brien		
Susan	Brophy		
Bradford	Cheney		

19. Interest of each foreign entity in the specific issues listed on line 16 above |  Check if None

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**Information Update Page - Complete ONLY where registration information has changed.**

**20. Client new address**

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co

**21. Client new principal place of business (if different than line 20)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ Co

**22. New General description of client's business or activities**

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client**

	First Name	Last Name	Suffix	First Name	Last Name
1	Erin	Graefe		3	
2				4	

**ISSUE UPDATE**

**24. General lobbying issue that no longer pertains**

**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address				Principal Place of (city and state or Country)
	Street Address City	State/Province	Zip	Country	
					City State Country

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1	2	3
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**FOREIGN ENTITIES**

**27. Add the following foreign entities**

Name	Address			Principal place of business (city and state or country)	Amount of contributor for lobbying activities
	Street Address City	State/Province	Country		
				City State Country	

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated**

1	3	5
2	4	6

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Printed Name and Title JOEL JOHNSON, PARTNER

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