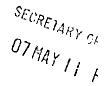
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

2. House Identification 36933 REGISTRANT		Senat	a Idan:			
REGISTRANT		Senate Identification 28543				
				•		
3. Registrant Organization Mercury Public Affairs d/b/a FHG	3R					
Address 1775 Eye Street, NW	_Address2	Suite 70	00			
City Washington	State _	DC	Zip	20006	<u>-</u>	_ Cou
4. Principal place of business (if different than line 3)						
City	State	-	Zip		-	Cou
5. Contact name and telephone number	International !	Number -	.	~-		=
Contact Mr. Michael McSherry)2) 551-1452	E	E-mail	mmcsherry	@fhgr.com	
6. General description of registrant's business or activities			-			
Government Relations) 4	····	•			•
7. Client name Land O' Lakes Address PO Box 64101		,			•	
City St. Paul	_State _	MN	Żip -	55164	- 0101	_ Coi
8. Principal place of business (if different than line 7)						
City	State _	<u>. </u>	Zip -		-	Coi
9. General description of client's busines or activities						
Farmer Cooperative						
LOBBYISTS		-•				
10. Name of each individual who has acted or is expected to act as this section has served as a "covered executive branch official" or a lobbyist for the client, state the executive and/or legislative po	"covered le	gislative which th	branch ie persi	official" v on served	within two '.	years
Name First Last Suffix			overed O	inciai Positi	on (if applicat	nc)
Michael McSherry	() () () ()	. Ç.	,		, , ,	
		· ·				17

Registrant	Mercury Publi	c Affairs d/b/a FF	IGR	· .	Client Name	Land O' Lal	kes		
LOBBY	ING ISS	UES							
11. Genera	ıl lobbying iss	ue areas. Sele	ct all applica	able codes li	isted in instruc	ctions and o	on the reverse	side of Forn	n LD-1, j
AGR	HCR	FOR	TRD	TAX	EDU	ENV			
-	c lobbying iss Foreign Opns				Program				
AFFIL	IATED O	RGANIZ	ATIONS	<u> </u>		<u></u>			
	——————————————————————————————————————				e than \$10,000 vises or contro			_	
V	✓ No> Go to line 14. Yes> Complete the rest of this section criteria above, then proceed to line 14.						for each ent	ity matel	
	Name				Address	· · · · · · · · · · · · · · · · · · ·		Principal Pl	ace of Bu
			Street City		State/Province	Zip Code	Country		
			0.0,		D.2.0/2 10 viii.00		City		
			_				State	;	Country
							City		
			_				State	;	Country
			,				City		
.,,							State	;	Country
14. Is ther	b) directly or the client or a c) is an affilia lobbying activ	entity ast 20% equita indirectly, in ny organization ate of the clien	whole or in r on identified it or any orga	najor part, p on line 13; inization ide	ent or any orgolans, supervisor entified on lines s> Complete criteria above	es, controls 13 and ha e the rest o	s, directs, find s a direct into f this section	ances or subserest in the or	utcome o
	Name	Street City	Addro Sta	ess e/Province Co	(city	cipal place of and state or		Amount of co	
					City				
					State	Cour	ntry		
					City				
	· · · · · · · · · · · · · · · · · · ·	\ 		<u> </u>	State	Cour	itry		
Signature	< \/	V han	たし、 V	MAC	~			Date	03/1