TO: 2022241851

Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Clerk of the House of Representatives Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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Che 2.	ck if this is an Amen House Identification	3.4000002	Effective Date of Registration     Senate Identification Number	289476-12
	GISTRANT			
PLE }.	Registrant Name	Zeliff Enterprises		
	Address	499 S. Capitol Street, SW	Suite 600	
	City	Washington	State DC Zip 20003	
	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)	
	Telephone number : 202-289-9881	and contact name Contact William H. Zeliff, Jr.	E-Mail (optional) bzeliff@livingstongroupdc.com	
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	General description	of registrant's business or activities  bhying firm is required to file a separate reg  led "Self" and proceed to line 10.	sistration for each client. Organizations employing	ng in-house lohhyists sho
CI	General description	phying firm is required to file a seporate reg	•	ng in-house lohhyists sho
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7.	General description  LIENT A lot label  Client Name  Address  City	bhying firm is required to file a separate reg led "Self" and proceed to line 10. Li Sel Collegiate Funding Services 1300 Connecticut Ave., NW, Suit	e 900	ng in-house lohhyists sho
7. 8.	General description  LIENT A lost labes  Client Name  Address  City  Principal place of b  City  General description	chying firm is required to file a separate regled "Self" and proceed to line 10. L. Self Collegiate Funding Services  1300 Connecticut Ave., NW, Sult	State DC Zip 20036 State/Zip (or Country)	ng in-house lobhyists sho
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Form LD-1 (Rev. 06/98)

Printed Name and Title

TO:2022241851

Registrant Name:	Zeliff Enterprises	•			0 0 0
Client Name: Collegiate Fu		<del>-</del>			
LOBBYING 11. General lob		ect all applicable ec	odes listed in	instructions and on the reverse	9 9
EDU					<u> </u>
12. Specific lol	bying issues (current	and anticipated)			<b>©</b>
13. Is there an	period and in whole o	lient that contribute	s more than supervises, (	\$10,000 to the lobbying activition controls the registrant's lobby Complete the rest of this sect criteria above, then proceed t	ring activities? Ion for each cutity matching
	Name		A	ddress	Principal Place of Bus (city and state or cour
a) ho b) di	y forcign entity that: olds at least 20% equit	whole or in major	part, plans, s	my organization identified on li upervises, controls, directs, fina	ne 13; or mees, or subsidizes activitie
c) is lo	an affiliate of the clic bbying activity? gn and date the registr	nt or uny organizati	on line 13, 0 on identified	on line 13 and has a direct intelled on the Complete the rest of this see	tion for each entity matching
Nan	ne	Address		Principal Place of Busines (city and state or country)	Amount of contribution
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