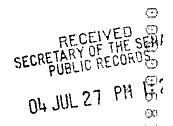
Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



 $| \zeta_{\infty} \rangle$

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

	eck if this is an Amen	ded Registration	•	ctive Date of Registration	5/1/2004	្តា ្រា	
2.	House Identification	-		Senate Identification Number			
R	EGISTRANT						
3.	Registrant Name	Fleishman-Hillard Gove	ernment Relations				
	Address	1775 Eye Street, N.W.		Suite 700			
	City	Washington	State I	OC Zip 20006			
4.	Principal place of bu	siness (if different from line	•	ip (or Country)			
5.	Telephone number a 202-551-1440	and contact name Conta	act E-Mail	(optional) @fleishman.com			
6.	General description of registrant's business or activities Government Relations Consulting Firm						
C :		bying firm is required to file a se ed "Self" and proceed to line 10. California Citrus Mutua	□ Self	h client. Organizations employii	ng in-house lobbyist:	s shou	
	Address	512 North Kaweah Aver					
	City	Exeter	State (CA Zip 93221			
8.	Principal place of bu	nsiness (if different from line	rom line 7) State/Zip (or Country)				
9.	General description of client's business or activities a nonprofit trade association of California citrus growers						
	in this section has se	dual who has acted or is experted as a "covered executive yist for this client, state the ex	branch official" or "cov	ered legislative branch offici	al" within two yea		
	Name			Covered Official Position	on (if applicable)		
	John McCamman			Chief of Staff, Rep. Ra	danovich		
	Paul Sweet						

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orant Name:	Fleishman-Hillard Government Relations					
Client Name:	California Citrus M	lutual		ක ආ		
AGR, BUD	· •		n instructions and on the reve	erse side of Form LD-1, page (I) O O O O (7)		
-	I specialty crop appr	· ,		න න		
13. Is there an enti		t that contributes more than	\$10,000 to the lobbying action controls the registrant's lo			
🔀 No. Go to	line 14.	☐ Yes.	☐ Yes. Complete the rest of this section for each entity criteria above, then proceed to line 14.			
Name		A	ddress	Principal Place of Busin (city and state or count		
FOREIGN EN						
b) direct of the c) is an a	ly or indirectly, in wh client or any organiza	ole or in major part, plans, s ation identified on line 13; o	г	n line 13; or inances, or subsidizes activities nterest in the outcome of the		
🔀 No. Sign a	nd date the registratio	n.	Complete the rest of this s criteria above, the sign an	section for each entity matching t date the registration.		
Name		Address	Principal Place of Busin (city and state or count			
)				
Signature	in /2	ww.t		Date 7/15/2004		

Printed Name and Title

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