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

SECRETARY OF THE SENATE

04 MAY -3 AM 8: 22

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Ameno	led Registration	1. Effective Date of Registration 1/1/2004					
2.	House Identification	Number	Senate Identification Number					
RI	EGISTRANT							
3.	. Registrant Name Fleishman-Hillard Government Relations							
	Address 1775 Eye Street, N.W.		Suite 700					
	City	Washington	State DC Zip 20006					
4.	Principal place of bu City	siness (if different from line 3)	State/Zip (or Country)					
5.	Telephone number at 202-551-1440	nd contact name Contact  Matthew LaRocco	E-Mail (optional) laroccom@fleishman.com					
6.	•	of registrant's business or activities ons Consulting Firm						
Cl		ying firm is required to file a separate regi. d "Self" and proceed to line 10.	stration for each client. Organizations employing in-house lobbyists sho	ould che				
<u>7.</u>	Client Name	Itronix						
	Address	South 801 Stevens						
	City	Spokane	State WA Zip 99204					
8.	Principal place of bu City	siness (if different from line 7)	State/Zip (or Country)					
9.	<del>-</del>	of client's business or activities gged laptop computers.						
	in this section has se	rved as a "covered executive branch of	t as a lobbyist for the client identified on line 7. If any person li ficial" or "covered legislative branch official" within two years nd/or legislative position(s) in which the person served.					
	Name .		Covered Official Position (if applicable)					
	Rod Chandler							
	Larry LaRocco							
	Matthew LaRocco							
		Filing #66a35902-9c01-4436-b03	2-97c1c690faa5 - Page 1 of 4					

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ng issues (current and	all applicable codes listed in	instructions and on th	e reverse sid	le of Form LD-1, page 1.
•	autiainatad)			
	anterpated) f Defense and/or Homelan	d Security.		
y other than the client	that contributes more than	\$10,000 to the lobbyin or controls the registra	g activities ont's lobbying	of the registrant in a gactivities?
☒ No. Go to line 14.		Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.		
Name	A	ldress		Principal Place of Busine (city and state or country
y or indirectly, in who client or any organizat ffiliate of the client or	le or in major part, plans, s tion identified on line 13; o	upervises, controls, dir	ects, finance	es, or subsidizes activities
nd date the registration	ı.	•		
	Address	=		Amount of contribution for lobbying activities
	ty other than the client riod and in whole or maline 14.  Name  NTITIES  reign entity that:  at least 20% equitable ly or indirectly, in who client or any organizat affiliate of the client or ing activity?  Indirectly that the registration of the client or any organization of the client or ing activity?	Name  Additional and in whole or major part plans, supervises, or line 14.  Name  Additional and in whole or major part plans, supervises, or line 14.  Name  Additional and in whole or in major part, plans, supervised in the client or an ally or indirectly, in whole or in major part, plans, supervised in the client or any organization identified on line 13; or affiliate of the client or any organization identified ing activity?  Indicate the registration.	ty other than the client that contributes more than \$10,000 to the lobbying find and in whole or major part plans, supervises, or controls the registration line 14.    Yes.   Complete the rest of criteria above, then plants above, then plants are controls above, the significant above are controls above.	ty other than the client that contributes more than \$10,000 to the lobbying activities riod and in whole or major part plans, supervises, or controls the registrant's lobbying line 14.    Yes.   Complete the rest of this section criteria above, then proceed to line 14.    Address   Address

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