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

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LOBBYING REGISTRATION

Loobying Disclosure Act of 1995 (Section 4	·)
Check if this is an Amended Registration	1. Effective Date of Registration
2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name Ricchetti Incorporated (Ricchett	i Inc.)
Address 1001 G Street NW Suite 700 East	
City Washington	State DC Zip 20001
4. Principal place of business (if different from line City Same	3)
5. Telephone number and contact name	t Jay Heimbach E-mail (optional)
6. General description of registrant's business or acti Government Relations	
labeled "Self" and proceed to line 10. 7. Client name Association for Advanced Life Under Address 2901 Telestar Court	•
City Falls Church	State VA Zip 22042
8. Principal place of business (if different from line City Same	State/Zip (or Country)
 General description of client's business or activities Association of advanced life insurance planners 	
in this section has served as a "covered executive bran	d to act as a lobbyist for the client identified on line 7. If any pach official" or "covered legislative branch official" within two yand/or legislative position(s) in which the person served.
Name	Covered Official Position (if applicable)
Steve Ricchetti	
Jeff Ricchetti	
Lies Kountounes	1

James Heimbach	
Form LD-1 (Rev. 04/03)	

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OBBYING ISSUES 1. General lobbying issue areas	s. Select all applicable codes list	ted in instructions and on the	ط reverse side of Form LD-(157 ∪	
TAX INS			©	
2. Specific lobbying issues (c			N	
·				
AFFILIATED ORGA 3. Is there an entity other the a semiannual period and in	NIZATIONS an the client that contributes n in whole or in major part plans	nore than \$10,000 to the lob s, supervises or controls the	obying activities of the reg registrant's lobbying activi	
✓ No ⇔ Go to line 14.	•	Complete the rest of this section for each entity match riteria above, then proceed to line 14.		
Name		Address	Principal Place of Bu (city and state or cour	
		:		
FOREIGN ENTITIE 4. Is there any foreign entit				
b) directly or indi- activities of the	20% equitable ownership in the irectly, in whole or in major page client or any organization identify the client or any organization agactivity?	ut, plans, supervises, contro entified on line 13; OF	ls, directs, finances or subs .	
No ⇔ Sign and date	the registration.	- 	e rest of this section for ea e criteria above, then sign a	
Name	Address	Principal place of business (city and state or countr	Amount of contribution for lobbying activities	

Signature /w	Date	
Printed Name and Title		·
Form LD-1 (Rev. 04/03)	•	