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 PUBLIC FEET ROS

03 AUG 18 AM 9:53

زي \odot N.) 1--4 ្រា

្រា

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Dorothy D. Rusmussen " Deebe	e b			
2. Address Ocheck if different than previously reported 405 El Destando Drive				
3. Principal Place of Business (if different from line 2) City: Tallahasse Ft 323/2 State	/Zip (or Country)			
4. Contact Name Telephone	E-strail (optional) 5. Senate ID (optional) 6. House ID #			
	3582			
10. Check if this is a Termination Report □ ⇒ Termination Date 11. No Lobbyiz INCOME OR EXPENSES - Complete Either Line 12 OR Line 13				
INCOME OR EXPENSES - Complete Eithe	r Line 12 OR Line 13			
INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting	T Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this re			
INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$\textstyle{1000000000000000000000000000000000000	13. Organizations EXPENSES relating to lobbying activities for this reperiod were: Less than \$10,000 \$10,000 or more \$\sum_\text{Expenses (nearest \$20)}\$ 14. REPORTING METHOD. Check box to indicate the sum of the sum			
INCOME OR EXPENSES. Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000	13. Organizations EXPENSES relating to lobbying activities for this reperiod were: Less than \$10,000 \$10,000 or more \$\sigma\$ \$\sum_{\text{Expenses}}\$ (nearest \$20)			

Printed Name and Title Dorothy D. Rasmusen " Deeder" gov LD-2 (REV. 6/98)

_	<u>ග</u> ල	
Registrant Name Dorothy D. Rosawson Client N	ame Liquidmetal Technologies	
LOBBYING ACTIVITY. Select as many codes as necessary engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as need	ary to reflect the general issue areas in which the ting period. Using a separate page for each coed.	
15. General issue area code DEF (one per page)	Co Co	
16. Specific lobbying issues Department of Defense Appropriations Bill		
17. House(s) of Congress and Federal agencies contacted United States Senate United States House of Represe	□ Check if None	
(Members + Staff)		
18. Name of each individual who acted as a lobbyist in this	issue area	
. '	Covered Official Position (if applicable)	
	· · · · · · · · · · · · · · · · · · ·	
an suppression of the suppressio		
19. Interest of each foreign entity in the specific issues listed on li		
Signature (MOULL) Republic de Filing #78f7bc47-71f0-4a6e-9e70-c11b567	bf74c - Page 3 of 6	

Printed Name and Title Dorothy D. Rasuwsen, governmental Consu

Form LD-2 (Rev.6/98)

Page

	age - Complete ONLY where registration information	uas changed.
20. Client new address	N/A	in distribution of the second
21. Client new principal place of b	usiness (if different from line 20)	commensus of the second of the
City	State/Zîp (or Country)	
22. New general description of cli-	ent's business or activities	
LOBBYIST UPDATE 23. Name of each previously	y reported individual who is no longer expe cted to act as a	lobbyist for the client
	. \/	
	MA	
	previously reported that no longer pertain	
24. General lobbying issues AFFILIATED ORGANI	ZATIONS	
24. General lobbying issues AFFILIATED ORGANI	ZATIONS	Principal Place of Br (city and state or co
24. General lobbying issues AFFILIATED ORGANI 25. Add the following affilia	ZATIONS ated organization(s)	
24. General lobbying issues AFFILIATED ORGANI 25. Add the following affiliations Name	ZATIONS ated organization(s) Address	(city and state or co
24. General lobbying issues AFFILIATED ORGANI 25. Add the following affiliation Name 26. Name of each previously	ZATIONS ated organization(s) Address YA y reported organization that is no longer affiliated with the	(city and state or co
AFFILIATED ORGANI 25. Add the following affilia Name	ZATIONS ated organization(s) Address YA y reported organization that is no longer affiliated with the	(city and state or corresponding to the control of contribution

// -iling #78f7bc47-71f0-4a6e-9e70-c11b567bf74c - Page 5 of 6 a Ill Na

Signature EMOSHY 4	Hasnussen)) Date 8-14-03
Printed Name and Title	D. Rusmussen,	Covernmental Consultant

Page _

Form LD-2 (Rev. 6/98)