Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

04 JAN -8 AM 10:58

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Re	egistration 11/1/2003
2. House Identification Number 30552000	Senate Identification N	umber <u>2241-12</u>
REGISTRANT 3. Registrant name Jessica Donze		
Address 1120 Connecticut Ave. NW; Suite 480		
City Washington	State DC	Zip 20036
4. Principal place of business (if different from line 3) City	State/Zip (or 0	Country)
5. Telephone number and contact name (202) 775-8277 Contact	Stephanie Patrick I	E-mail (optional)
6. General description of registrant's business or activiti Health professional association	es	
CLIENT A Lobbying firm is required to file a separate registration labeled "Self" and proceed to line 10. Self 7. Client name	s for each client. Organizations emplo	ying in-house lobbyists should check
Address City	State	Zip
8. Principal place of business (if different from line 7) City	State/Zip (or G	Country)
9. General description of client's business or activities		
LOBBYISTS 10. Name of each individual who has acted or is expected to in this section has served as a "covered executive branch of acting as a lobbyist for the client, state the executive and	official" or "covered legislative	branch official" within two ye
Name	Covered Official P	osition (if applicable)

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F	orm LD-1 (Rev. 04/03)						
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Registrant Name	trant Name Jessica Donze Client Name						
LOBBYING ISSU		all applicable codes	s listed in instruct	ions and on the reve	rse side of Form LD-1, p		
HCR FOO	МММ	AGR _					
12. Specific lobbying iss Child Nutrition Rea			Therapy, Nutriti	on Monitoring, Nut	rition Research.		
AFFILIATED OI 13. Is there an entity off a semiannual period ✓ No ⇔ Go to list	ner than the cl and in whole	ient that contribute	lans, supervises of Complete the	or controls the regi	strant's lobbying activit n for each entity matchi		
Name			Address		Principal Place of Busin (city and state or country		
FOREIGN ENTI 14. Is there any foreign a) holds at 1	entity that:	itable ownership ir	the client or an	y organization iden	tified on line 13; Or		
activities c) is an affi	of the client	or any organizatior ent or any organiza	identified on lir	ne 13; or	irects, finances or subs		
✓ No ⇔ Sign and	d date the regi	stration.	Yes {		st of this section for ea- iteria above, then sign a		
Name		Address		ncipal place of business d state or country)	Amount of contribution for lobbying activities		
				,			
Signature Mylly	gleen 1	### -350d-4161-9a0a-a	74a9138861e - P	Page 3 of 4	Nov. 27, 200:		

Printed Name and Title M. STEPHANIE PATRICK, VICE PRESIDENT

Form LD-1 (Rev. 04/03)

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