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 00 JUN 30 PM 2: 30

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 6/28/00
2. House Identification Number 34984001	Senate Identification Number 53403-/2
REGISTRANT  3. Registrant name The Ve lasque 2 6	Foup, L.L.C.
Address 1155 21 Street	, NW, Third Floor
cay - Washing for DC	State 210 20036
Principal place of business (if different from line 3)  City	State/Zip (or Country)
5. Telephone number and contact name (202 785-40/2 Contact	Tay VECAS QUE ZE-mail (optional)
6. General description of registrant's business or activities  Consult, WF	The state of the s
CLIENT A Lobbying firm is required to file a separate registration )	for each client. Organizations employing in-house tobbyists should check the box
7. Client name Lyps trent Conjany	
Address 1401 H Street, Nu	<u> </u>
City Washington D.C.	State Zip 20005-2148
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities	
LOBBYISTS	
10. Name of each individual who has acted or is expected to act	as a lobbyist for the client identified on line 7. If any person listed in licial" or "covered legislative branch official" within two years of first registative position(s) in which the person served.
· Name	Covered Official Position (if applicable)
Form 1.13-1 (Rev. 96-98)	Page !

LOBBYING ISSUE 11. General lobbying issue at	_	odes listed in instructions and on the	reverse side of Form LI	D-1, page 1.
12. Specific lobbying issues	current and anticipated)		·	
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FFILIATED ORGA 3. Is there an entity other t a semiannual period and	han the client that contrib	utes more than \$10,000 to the lo t plans, supervises or controls th	bbying activities of the registrant's lobbying	ne registrant in g activities?
No ⇒ Go to line	14,	Yes 4 Complete the rest of this the criteria above, then		ty matching
NINE Name		Address	Principal Place of Business (city and state or country)	
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a) holds at least 2 b) directly or indi- activities of th	ty that:  10% equitable ownership is rectly, in whole or in major eclient or any organization of the client or any organization.	in the client or any organization or part, plans, supervises, control on identified on line 13; Offication identified on line 13 and h	ols, directs, finances of	r subsidizes
b) directly or indi activities of th c) is an affiliate o	ty that:  10% equitable ownership is rectly, in whole or in major eclient or any organization of the client or any organization and organization and organization and organization and organization.	or part, plans, supervises, contro on identified on line 13; OF cation identified on line 13 and h	ols, directs, finances of	r subsidizes the outcome ach entity
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