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# LOBBYING REGISTRATION

## Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 02/2

### 2. House Identification

### Senate Identification

**REGISTRANT**  Organization  Individual

3. Registrant Prefix Mrs. First Leslie Last Waters  
Address 6580 64 Ave. N. Address2 \_\_\_\_\_  
City Pinellas Park State FL Zip 33781 - \_\_\_\_\_ Cou \_\_\_\_\_

### 4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Cou \_\_\_\_\_

### 5. Contact name and telephone number

International Number

Contact Mrs. Leslie Waters Telephone (727) 546-5644 E-mail leslie-waters@tampabay.rr.com

### 6. General description of registrant's business or activities

Leslie Waters Government Relations and Political Grassroots Consulting

### CLIENT

*A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

### 7. Client name Personal Enrichment through Mental Health Services, Inc. (PEMHS)

Address 11254 58 St. N.  
City Pinellas Park State FL Zip 33782 - \_\_\_\_\_ Cou \_\_\_\_\_

### 8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Cou \_\_\_\_\_

### 9. General description of client's business or activities

PEMHS is a provider of mental health services for children and adults

### 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Leslie	Waters		

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v5.0.0i	

### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, 1  
HCR

12. Specific lobbying issues (current and anticipated)

Construction of The Center for the Advancement of Suicide Awareness

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address			Principal Place of Busi
	Street City	State/Province	Zip Code Country	
			City	
			State	Country
			City	
			State	Country
			City	
			State	Country

### FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matchi the criteria above, then sign the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street City	State/Province	Country		
			City		
			State	Country	
			City		
			State	Country	

Signature

*Sadie Waters*

Date

3/10

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