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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration _____

2. House Identification Number 34546000

Senate Identification Number 21687-12

REGISTRANT

3. Registrant name National Venture Capital Association

Address 1655 North Fort Myer Drive, Suite 850

City Arlington

State VA

Zip 22209

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

Contact _____

E-mail (optional) _____

6. General description of registrant's business or activities

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

7. Client name _____

Address _____

City _____

State _____

Zip _____

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

trade association for venture capital industry

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 acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Mark G. Heesen - current</u>	
<u>Ian Graves - current</u>	
<u>Nancy Saucier - new; Paul Brownell-terminated</u>	
<u>Jennifer Dowling - new</u>	

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Registrant Name National Venture Capital Association Client Name _____

LOBBYING ISSUES

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

ACC EDU TAX TRD MED PHA SCI

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during 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 matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- 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 manages the lobbying activities of 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 client's lobbying activity?

- No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Molly Myers Date 8-9-0

