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 00 AUG 14 AM 10: 16

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 🚨	I. Effective Date of Registration 04/01/2000				
2. House Identification Number	Senate Identification Number				
REGISTRANT 3. Registrant name Shaw Pittman					
Address 2300 N Street, NW	-				
City Washington	7:				
Principal place of business (if different from line 3, City					
5. Telephone number and contact name	act Claudia Hrvatin E-mail (optional)				
<ol> <li>General description of registrant's business or activities.</li> </ol>	rities				
tabeled "Self" and proceed to line 10.	gistration for each client. Organitations employing in-house tobbyists should check the box Self				
City Cockeysville	State MD Zip 21030				
<ol> <li>Principal place of business (if different from line 7 City</li> </ol>	// 1				
General description of client's business or activitie     Broadcasting company	1117/11/11/11/11/11/11/11/11/11/11/11/11				
this section has served as a "covered executive b	ted to act as a lobbyist for the client identified on line 7. If any person listed in ranch official" or "covered legislative branch official" within two years of first ive and/or legislative position(s) in which the person served.				
Name	Covered Official Position (if applicable)				
Martin R. Leader					
Form CDsT (Ben) (IGD) R1	Here I				

LOBBYING ISSUES  11. General lobbying issue areas. Sel  COM  12. Specific lobbying issues (current Duopoly, time brokeras	and anticipated)	es listed in instructions and c	on the reverse side of Form LD	·I, page 1.	
12. Specific lobbying issues (current Duopoly, time brokerage	je agreements,				
Duopoly, time brokerag	je agreements,				
				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
minorities in broadcas	. r	digital television,	ownership attribution	1,	
AFFILIATED ORGANIZ.  13. Is there an entity other than the a semiannual period and in wh	client that contribu		, .	Ψ	
No ⇒ Go to line 14.	Q.		of this section for each entit then proceed to line 14.	y matching	
Name		Address		Principal Place of Business (city and state or country)	
<ul> <li>b) directly or indirectly, activities of the clien</li> </ul>	uitable ownership i in whole or in maj it or any organizatio lient or any organiz ty?	or part, plans, supervises, on identified on line 13; 0; attion identified on line 13  Yes   Complete	and has a direct interest in the rest of this section for e the criteria above, then sign on.	r subsidizes the outcome ach entity	
		business (city and state or cou	contribution for	percentage in client	
Signature / LOUM 1	RJeade	<u></u>	Date		
	tin R. Leade	r. Partner	-m	7.	
Engest flus (Rev. (MARK)		- ;   - <del></del>		p <sub>nor</sub> v	