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SECRETARY OF THE SENATE

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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 MARCH 22, 2014

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name THE MITCHELL COMPANYAddress 1200 N. VEITCH STREET, #1504City ARLINGTONState VAZip 22201

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(702) 669-4065Contact GREG MITCHELL

E-mail (optional) _____

6. General description of registrant's business or activities

GOVERNMENT RELATIONS**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box below and proceed to line 10.* Self7. Client name ASSOCIATION OF CITIZENS FOR SOCIAL REFORM (ACSR)Address 3101 FULTON AVENUE, #101City SACRAMENTOState CAZip 95821

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

ADVOCACY FOR SOCIAL REFORM**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>GREG MITCHELL</u>	

Registrant Name THE MITCHELL COMPANY Client Name ASSOCIATION OF CITIZENS FOR S

LOBBYING ISSUES

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

ALC CIV EDU MCR LAW

12. Specific lobbying issues (current and anticipated)

GENERAL POLICIES THAT SUPPORT SOCIAL BETTERMENT + EDUCATION
PROGRAMS THAT RESTORE INITIATIVE + HUMAN DIGNITY; POLICIES THAT
HUMAN RIGHTS, MENTAL HEALTH REFORM

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Bus (city and state or cou

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 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 of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign : registration.

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

Signature

G. Mitchell

Date

3/31/04

Printed Name and Title DAVID MITCHELL, PRESIDENT

Form LD-1 (Rev. 06/98)