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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 7/23/2004

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant name Miller & Chevalier-CharteredAddress 655 Fifteenth Street, N.W., Suite 900, Washington, DC 20005City WashingtonState DCZip 20005

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 626-5800

Contact Angela B. Styles

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law Firm

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

7. Client name Payment Programs Management CorporationAddress 12829 West Dodge Road, Suite 204City OmahaState NEZip 68154

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Payments industry firm**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)
Angela B. Styles	Administrator for Federal Procurement Policy



Registrant Name Miller & Chevalier Chartered Client Name Payment Programs Management Corporation

**LOBBYING ISSUES**

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

GOV

12. Specific lobbying issues (current and anticipated)

Advice on federal contracting opportunities.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant 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 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 subsidizes 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 outcome of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for each 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 *Alan B. Sh...* Date 08/11/2004

Printed Name and Title Angela B. Styles, Member

Form LD-1 (Rev. 04/03)