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L. Registrant name		
Prefix Mr. First Abraham L	ast Schneier	
2. Address Check if different than previously repor	ted	
5765 F Burke Centre Parkway, #347		
_{City} Burke	State VA Zip Code 22015	Country US
3. Principal place of business (if different than line 2)		
City City	State Zip Code State/Zip or Country	Country
4a. Contact Name b. Telephone πumber Prefix Full Name	c. E-mail	5. Senate ID#
Mr. Abraham Schneier 202-550-4431	aschneier@earthserve.com	3196100
7. Client Name Self	•	6. House ID#
National Federation of Independent Business		3196100
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Printed Name and Title Abraham Schneier, Principal

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Registrant Name	Abraham Schneier		Client Name	National Federation of Independent
engaged in lobb	ACTIVITY. Select as bying on behalf of the crequested. Attach addi	lient during the re	porting period.	et the general issue areas in which the Using a separate page for each coo
15. General issu	ue area code	kation/Internal Rev	venue Code	(one per page)
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Abraham	Schneier	Sum	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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19. Interest of e	ach foreign entity in the	e specific issues l	isted on line 16 a	above 🔀 Check if None

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