

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE  
07 JUL 11 PM 2:20

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One:  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 06/1

## 2. House Identification

## Senate Identification

**REGISTRANT**  Organization  Individual

3. Registrant Prefix Mr. First Christopher Last Heinz

Address 9 Muster Drive Address2 \_\_\_\_\_

City Stafford State VA Zip 22554 - Cour \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Cour \_\_\_\_\_

5. Contact name and telephone number

International Number

Contact Mr. Christopher Heinz Telephone (617) 733-0031 E-mail chris@cheinz.com

6. General description of registrant's business or activities

## Congressional Representation and Federal Government Representation

## 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 United Brotherhood of Carpenters and Joiners of America

Address 101 Constitution Avenue, NW

City Washington State DC Zip 20001 - Cour \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Cour \_\_\_\_\_

9. General description of client's business or activities

Labor Union

## 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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing 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)
First	Last	Suffix	
Christopher	Heinz		

000062935



### LOBBYING ISSUES

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

LBR    CAW    ECN    ENG    HCR    HOU    TAX    RET    ROD

12. Specific lobbying issues (current and anticipated)

2007 Appropriations, Pension Issues, Health Care Reform, Immigration Reform, Construction, Housing, Nuclear Energy, Ener production, Davis-Bacon Act, Transportation Construction

### AFFILIATED ORGANIZATIONS

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

Name	Address			Principal Place of Busin
	Street City	State/Province	Zip Code Country	
_____	_____	_____	_____	City _____
_____	_____	_____	_____	State _____ Country _____
_____	_____	_____	_____	City _____
_____	_____	_____	_____	State _____ Country _____
_____	_____	_____	_____	City _____
_____	_____	_____	_____	State _____ Country _____

### FOREIGN ENTITIES

14. Is there any foreign entity

- 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 activitie 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 entity matching the criteria above, then sign the registration.

Name	Street City	Address		Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		State/Province	Country		
_____	_____	_____	_____	City _____	_____
_____	_____	_____	_____	State _____ Country _____	_____
_____	_____	_____	_____	City _____	_____
_____	_____	_____	_____	State _____ Country _____	_____

Signature

Digitally Signed By: Christopher D Heinz

Date 06/27/

US, DST Aces Unaffiliated Individual, Christopher D Heinz

Printed Name and Title Christopher Heinz

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