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

**Brent Del Monte** 

Office of Public Records 232 Hart Building Washington, DC 20510

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## **LOBBYING REGISTRATION**

Lob	bying Disclosure Act of 199	95 (Section 4)		ယ က	
Che	eck if this is an Amended Registration	n 🗆	1. Effective Date of Registration	<b>8</b> /1/2004	
2.	House Identification Number		Senate Identification Number		
RI	EGISTRANT				
3.	Registrant Name Washington	1 Council Ernst & Yo	ung		
	Address 1150 17th S	treet, NW	Suite 601		
	City Washington	1	State DC Zip 20036	USA	
4.	Principal place of business (if differ City	rent from line 3)	State/Zip (or Country)		
5.	Telephone number and contact nam 202-293-7474 LaBrenda	e Contact  Garrett-Nelson	E-Mail (optional) labrenda.garrettnelson@wc.ey.	com	
6.	General description of registrant's b  Legislative and regulatory consul		of Ernst & Young LLP.		
C		uired to file a separate reg	ristration for each client. Organizations emplo	oying in-house lobbyists sho	
7.	Client Name Aerospace	Industries Association	l		
	Address 1000 Wilso	n Blvd., Suite 1700			
	City Arlington		State VA Zip 22209-3091	USA	
8.	Principal place of business (if different from line 7)  City State/Zip (or Country)				
9.	General description of client's business or activities  Association				
	in this section has served as a "cove	ered executive branch of	ct as a lobbyist for the client identified or official or "covered legislative branch off and/or legislative position(s) in which the	ficial" within two years o e person served.	
	Name		Covered Official Pos	ition (if applicable)	
	Lauren Bazel				
	Brian Conklin		Special Assistant to	the President	

Form LD-1 (Rev. 06/98)

## 00000901237

<u>(I)</u> egistrant Name: Washington Council Ernst & Young  $\bigcirc$ Aerospace Industries Association <u>\_</u> Client Name: Data  $\bigcirc$ ltem Description LaBrenda Garrett-Nelson 10a **Lobbyist Name**  $\odot$ **Covered Official Postion** 10b خبط N Gary Gasper 10a Lobbyist Name  $\langle \downarrow \rangle$ 10b **Covered Official Postion Bruce Gates** 10a Lobbyist Name **Covered Official Postion** 10b Nick Giordano Lobbyist Name 10a **Covered Official Postion** 10b Francis Grab 10a Lobbyist Name 10b **Covered Official Postion** Dave Koshgarian 10a **Lobbyist Name** Chief of Staff, Office of Congressman Ben Cardin **Covered Official Postion** 10b **Marty McGuinness** Lobbyist Name 10a **Covered Official Postion** 10b Richard Meltzer Lobbyist Name 10a **Covered Official Postion** 10b Phil Moseley 10a Lobbyist Name **Covered Official Postion** 10b Anne Phelps 10a Lobbyist Name Special Asst. to the President for Domestic Policy **Covered Official Postion** 10b John Porter **Lobbyist Name** 10a **Covered Official Postion** 10b **Bob Rozen** Lobbyist Name 10a **Covered Official Postion** 10b Donna Steele Flynn Lobbyist Name 10a **Covered Official Postion** 10b Tim Urban 10a **Lobbyist Name** 10b **Covered Official Postion** Candi Wolff Lobbyist Name 10a Asst. & Deputy Asst. to Vice President, Leg.Aff. 10b **Covered Official Postion** 

## 00000901238

sistrant Name: W	Washington Council Ernst & Young ©						
Client Name: A	Aerospace Industries Association						
LOBBYING ISS	SUES 3 issue areas. Select all ap	oplicable codes listed in	instructions and on the reverse sid	© © e of Form LD-1, page 1. ©			
TAX				<del></del>			
12. Specific lobbying FSC/ETI legisla	g issues (current and anti ation	cipated)		ω Φ			
13 Is there an entity	od and in whole or major	t contributes more than	\$10,000 to the lobbying activities or controls the registrant's lobbying  Complete the rest of this section criteria above, then proceed to line	for each entity matching			
N	ame	A	ddress	Principal Place of Bus (city and state or cou			
b) directly	rign entity that:  t least 20% equitable own or indirectly, in whole of	or in major part, plans, s identified on line 13; o	any organization identified on line supervises, controls, directs, finance	es, or subsidizes activities			
c) is an af lobbyin	filiate of the client or any ng activity?	y organization identifie	d on line 13 and has a direct interes				
🕅 No. Sign an	d date the registration.	☐ Yes.	Complete the rest of this section criteria above, the sign and date	the registration.			
Name		Address	Principal Place of Business (city and state or country)	Amount of contributi			
	1 1/2	N ~		12/13/2004			

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