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SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 0

2. House Identification 39297

Senate Identification 3173

REGISTRANT Organization Individual

3. Registrant Organization Mercer Strategic Alliance, Inc.

Address 209 Pennsylvania Ave. SE Address2 _____
 City Washington State DC Zip 20003 C

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

City _____ State _____ Zip _____ C

5. Contact name and telephone number

International Number

Contact Mr. Robert Dingess Telephone (202) 454-5276 E-mail rdingess@mercstrategic.com

6. General description of registrant's business or activities

Public Affairs Consulting

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shall be labeled "Self" and proceed to line 10. Self

7. Client name Barrier Systems Incorporated

Address 180 River Road
City Rio Vista State CA Zip 94571 C

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

City _____ State _____ Zip _____ C

9. General description of client's business or activities

Manufacture and Installation of Moveable Median Barrier.

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 the date of registration 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 | |
| Robert | Dingess | | |
| | | | |
| | | | |
| | | | |

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Registrant Mercer Strategic Alliance, Inc.

Client Name Barrier Systems Incorporated

LOBBYING ISSUES

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

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12. Specific lobbying issues (current and anticipated)

Issues related to federal-aid highway program funding

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 meeting the criteria above, then proceed to line 14.

| Name | Address | | | Principal Place of Business |
|------|-------------|----------------|------------------|-----------------------------|
| | 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 a 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 lobbying activity?

No -> Sign and date the registration.

Yes -> Complete the rest of this section for each entity meeting the criteria above, then sign the registration.

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

Signature *Robert N. Dingess* Date 07/1

Printed Name and Title Robert N. Dingess - President

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