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

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Chec	ck if this is an Amend	ded Registration	1. Effective Date of Registration	1/1/2005		
2.	House Identification	Number	Senate Identification Number			
RE	GISTRANT					
3.	Registrant Name	The Livingston Group, L.L.C.				
	Address	499 S. Capitol Street, S.W.	Suite 600			
	City	Washington	State DC Zip 20003			
4.	Principal place of bu	siness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number a	and contact name Contact	E-Mail (optional)			
	(202) 289-9881	Robert L. Livingston	rlivingston@livingstongroupdc.con	1		
6.	=	of registrant's business or activities				
CL		bying firm is required to file a separate regied "Self" and proceed to line 10. □ Self	stration for each client. Organizations employing	in-house lobbyists shoula		
7	Client Name Investment Company Institute					
	Address 1401 H Street, NW, Suite 1200					
	City	Washington	State DC Zip 20005			
8.	Principal place of b	usiness (if different from line 7)				
	City State/Zip (or Country)					
9.	General description Financial services	of client's business or activities				
	in this section has s	erved as a "covered executive branch of	t as a lobbyist for the client identified on line ficial" or "covered legislative branch official" ad/or legislative position(s) in which the pers	within two years of		
	Name		Covered Official Position	n (if applicable)		
	Robert L. Livingst	on	Former Member, U.S. House of Representat Former Chief of Staff, Congressman Livings			
	J. Allen Martin					
	James Pruitt					

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Form LD-1 (Rev. 06/98)

egistrant Name:	The Livingston G	roup, L.L.C.				
ent Name:	Investment Comp	any Institute				
·		et all applicable codes listed i	n instructions and on the I	reverse side	of Form LD-1, page 1.	
TAX						
<u> </u>	ying issues (current a estment policy; secu					
3. Is there an en semiannual p	eriod and in whole or	ent that contributes more that major part plans, supervises	, or controls the registrant	's lobbying a	activities?	
🗷 No. Go to	o line 14.	☐ Yes.	criteria above, then p		s section for each entity matching t ceed to line 14.	
	Name		Address		Principal Place of B (city and state or co	
•	foreign entity that:					
b) dire of the c) is a	etly or indirectly, in v ne client or any organ	ble ownership in the client or whole or in major part, plans, ization identified on line 13; t or any organization identifie	supervises, controls, director	cts, finances	, or subsidizes activities	
🔀 No. Sign	and date the registra	tion. Yes	. Complete the rest of criteria above, the si		for each entity matching the registration.	
Name		Address	Principal Place of (city and state or		Amount of contribution for lobbying activities	
		117				
	1/1	1	/	Date	4/15/2005	

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