

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
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SECRETARY OF THE SENATE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 8-1-05

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Locke Liddell + Sapp (Washington, DC off

Address 901 15th St. NW, suite 900

City Washington State DC Zip 20005

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
(202) 326-1502 Contact Katie Summers E-mail (optional) ksummer@locke

6. General description of registrant's business or activities
lobbyist

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check Self labeled "Self" and proceed to line 10.

7. Client name DRC, Inc.

Address 740 Museum Dr.

City Mobile State AL Zip 36688

8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____

9. General description of client's business or activities

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 acting 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)
<u>Phil Rivers</u>	

Registrant Name _____ Client Name _____

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)

AFFILIATED ORGANIZATIONS

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

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- 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 manages the lobbying activities of 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 lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Philip W. [Signature] Date _____

Printed Name and Title Phil Rives - Partner

Form LD-1 (Rev. 06/98)