

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

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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration Check if this is an Amended Registration Senate Identification Number 2. House Identification Number. REGISTRANT 3. Registrant Name King & Spalding 1730 Pennsylvania Avenue, NW **Zip** 20006 State D.C. Washington City 4. Principal Place of Business (if different from line 3) State/Zip (or Country) City 414444 ....... 5. Telephone number and contact name Contact Theodore M. Hester E-mail (optional) (202) 626-2901 6. General description of registrant's business or activities Law Firm CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should Self labeled "Self" and proceed to line 10. Albany Area Chamber of Commerce 7. Client name Address 225 West Broad Avenue 31701 GA State Zip City Albany 8. Principal Place of Business (if different from line 7) State/Zip (or Country) City 9. General description of client's business or activities Economic development in the Albany, GA area. **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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served

Name	Covered Of	ficial Position (if applic
Theodore M. Hester		
William C. Talmadge		
Michael J. Williams		
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kegistrant Name	King & Spalding		Client Name_	Albany Area	rea Chamber of Comme		
LOBBYIST ISS 11. General lobbying is:		oplicable code	es listed in instruction	ons and on the re	verse side of Form LI		
DEF		<del> </del>					
12. Specific lobbying	issues (current and	anticipated)	<u>-</u>				
Advice and counfacility.	sel relating to the p	preservation	n and expansion	of the Albany	(Georgia) Marine		
AFFILIATED ( 13. Is there an entity a semiannual peri		ontributes m					
■ No  Go to line 14.		Ç	☐ Yes  Complete the rest of this section for each enthe criteria above, then proceed to line 14.				
Nam	e		Address		Principal Place o (city and state o		
·	gn entity that: leas 20% equitable o	-	<del>-</del>	_			
activities c) is an affi	or indirectly, in who sof the client or any liate of the client or bbying activity"	organization	identified on lin-	e 13; <b>or</b>			
■ No ❖ Sign and da	te the registration.	<b>-</b> 7	-		ection for each entity e, then sign and date		
Name		ldress	bus	l place of siness te or country)	Amount of contribution for lobbying activities		
Signature		<u></u>	10	201			
Printed Name and T	itle Theodore	e M. Hester.	Partner	l			