

Clerk of the House of Representatives  
Legislative Resource Center  
8-106 Cannon Building  
Washington, DC 20515

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

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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>Bill Zaverelle</u>	
2. Address <input type="checkbox"/> Check if different than previously reported	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____	
4. Contact Name <u>Bill Zaverelle</u>	Telephone _____ E-mail (optional) _____
5. Senate ID # <u>452413-</u>	6. House ID # <u>3424100</u>
7. Clerk Name <input type="checkbox"/> Self <u>CFEP</u>	

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying Activity

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<b>12. Lobbying Firms</b> INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>42,000</u> Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>13. Organizations</b> EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature Bill Zaverelle  
Printed Name and Title Bill Zaverelle, Counselor

LD-3 (REV. 6/08)

PAGE 1 of 1

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Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Bill Zarnell Date \_\_\_\_\_

Printed Name and Title Bill Zarnell, Counselor

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Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code EKN (one per page)

16. Specific lobbying issues

Ass-cts for Independence Act  
Savings for Workers Families Act

17. House(s) of Congress and Federal agencies contacted  Check if None

House, Senate, HHS

18. Name of each individual who acted as a lobbyist in this issue area

Name	Current Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Bill Zerkow Date \_\_\_\_\_  
Printed Name and Title Bill Zerkow, Consultant

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