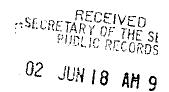
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



Covered Official Position (if applic

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration 5/23/2002 Check if this is an Amended Registration \Box Senate Identification Number 2. House Identification Number REGISTRANT 3. Registrant name McGuireWoods LLP Address 901 East Cary Street City Zip 23219 Richmond 4. Principal place of business (if different from line 3) City State/Zip (or Country) Telephone number and contact name Contact F. Paul Calamita E-mail (optional) (804) 775-1099 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration for each client. Organization s employing in-house lobbyists should c labeled "Self" and proceed to line 10. 7. Client name Washington Suburban Sanitary Commission Address 14501 Sweitzer Lane City Zip 20707 Laurel State MD 8. Principal place of business (if different from line 7) City State/Zip (or Country) -9.-General description of client's business or activities Public water and sewer utility 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 p this section has served as a "covered executive branch official" or "covered legislative branch official" within tw acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

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Name

F. Paul Calamita

Form LD-1 (Rev. 06/98)

| Registrant Name | McGuireWoods L | - ^P C1 | ient Name | Washington Sul | burban Sanitary Commi |
|---|--|--|--|---|--|
| LOBBYING I | | all applicable co | des listed in instru | actions and on the re | verse side of Form I |
| ENV | | | | - | |
| 12. Specific lobbyin Infrastructure a | - | anticipated) | | | |
| AFFILIATED 13. Is there an entit a semiannual pe | · · · | ent that contrib | | | |
| No ⇒ Go to line 14. | | | Yes Complete the rest of this section for each entended the criteria above, then proceed to line 14. | | |
| Name | | | Address | | Principal Place of (city and state or |
| | | | | | |
| FOREIGN EN 14. Is there any for | | | | | |
| b) direct activ c) is an | at least 20% equitatly or indirectly, in rities of the client of affiliate of the client of lobbying activity? | whole or in ma any organizat at or any organ | ijor part, plans, i ion identified or | supervises, control n line 13; or | s, directs, finance |
| ONo.⇔-Sign | n-and-date-the regis | tration.— | Yes | - | et of this section-fo teria above, then s |
| Name | | Address | | cipal place of business | Amount of |
| 1 162AAV | | | (city and | d state or country) | |
| . 164120 | | | (city and | a state of country) | contribution for lobbying activitie |

Form LD-1 (Rev. 06/98)