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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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## LOBBYING TEPORTAM 8:5

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

1. Registrant name				
***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Address Check if different than previously reported				
Address 805 15th Street, NW	Suite 650	7		
City Washington State D	C Zip Code 20005	Country USA		
3. Principal place of business (if different than line 2)				
City State City State/Z	Zip Code ip or Country	Country		
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID #		
Mr. Alex Lieske 202.466.8700 aliesk	ke@vennstrategies.com	65191-428		
7. Client Name Self		6. House ID#		
METLIFE		35579019		
10. Check if this is a Termination Report   ⇒ Termination Date  INCOME OR EXPENSES - Complete Either Line 1  12. Lobbying Firms	2 OR Line 13	11. No Lobbying Activi		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying were:	activities for this reporting		
Less than \$10,000 🔲	Less than \$10,000			
\$10,000 or more 🗵 🖒 \$ 100,000	\$10,000 or more	\$		
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Caccounting method. See instructi			
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).	Method A. Reporting amounts using LDA definitions onl  Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) of Revenue Code			
	<u> </u>	Form Co		
1/2- 7/10/06				
Printed Name and Title Alex Lieske, Associate				

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Registrant Name _	Venn Strategies, LLC		Client Name METLIFE	
engaged in lobby	CTIVITY. Select as many ying on behalf of the client of equested. Attach additional	during the report	eary to reflect the general issue areas in value in geriod. Using a separate page for led.	vhich the reg each code, p
15. General issu	e area code	/Internal Revenu	e Code (one per page)	
16. Specific lobl	oying issues	Ado	page to continue specific issues description for this	s issue 🍃
Retirment Se Asbestos	curity Issues			
House of Rep	Congress and Federal agen resentatives ch individual who acted as a		Check if None  sissue area Add a page to continue additing to	obbyists for this
First Name	Name Last Name Fox	Suffix	Covered Official Position (if applicable	e) .
Noelle	Hawley			
Melissa	Bonicelli			
Alex	Lieske	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Laura	Simonson			
Stephanie	Silverman			***************************************
Sandra	Swirski			
Anne	Urban			
Brian	Reardon			······
19. Interest of e	ach foreign entity in the sp		ed on line 16 above Check if None  Add a pa	ge for a differe
Printed Name a	nd Title Alex Lieske, As	sociate		<u> </u>

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Registrant Name Vent	n Strategies, LLC		_ Client	Name METLIFE	<u> </u>		
Information Up	date Page -	Complete ONLY w	here reg	gistration info	rmation has	s changed.	<u> </u>
20. Client new address	ess						
City		;	State	Zip Coc	le	Country	ij
	cipal place of busing	ness (if different than line	e 20)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City		:	State	Zip Cod	e	Country	
22. New general des	scription of client	s business or activities					1
LOBBYIST UP	DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	- <u>   </u>
		ted individual who is I	10 longe	r expected to ac	t as a lobbyist	for the clie	nt Suffix
i Genevieve	Missirlian	<del></del>	3				
2 Sarah	Walter		4				е • •
ISSUE UPDATI	₹.				la salaat balar		
24. General lobby		o longer pertain		Find the code to	o select deloi	N.	il
AFFILIATED (	DRCANTZATI	ONS	<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u></u>
25. Add the follow							
Name			Address			pal place of Bund state or co	
,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address		***************************************	City		
		C/S/Z			State	Count	ту
		Address			City		
	·	C/S/Z			State		<b></b>
	previously repor	rted organization that is	s no long	_		nt or client	
		2		<u>L</u>	3		6
FOREIGN ENT 27. Add the follow		riac					
Name	Street Address	Address		pal place of business	ľ	contribution	Owners percent
,,,,,	City	State/Province Country	(city a	and state or country)	for lobbyi	ng activities	client
			City				i
			State	Country			
28. Name of each p		l foreign entity that <b>no lo</b>	nger owr	ns, <u>or</u> controls, <u>o</u>	is affiliated w	ith the regist	rant, cli
	<b>24</b> (10)1	3			5		
[2]		4			6		
<del></del>		<del>.</del> .			A	dd a page for r	поге ирс
	<b>A.</b>						٠
Printed Name and	Title Alex Lies	ske, Associate					
LD-2DS (REV. 4.06)							