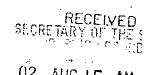
Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration \Box		1. Effective	ve Date of Re	gistration_8/1/2002
2. House Identification Number	entification Number			
REGISTRANT 3. Registrant name Clark & Associates				5
Address 1020 19th Street, NW, Suite 7	00			
City Washington	.213-		State DC,	Zip 20036
4. Principal place of business (if different from City	State/Zip (or Country)			
5. Telephone number and contact name: (202) 246-1600	Contact	Steve Clark		E-mail (optional)
6. General description of registrant's business Public Affairs Consultants				
CLIENT A Lobbying firm is required to file a selfward proceed to line 10. 7. Client name Prudential Insurance Com	Self pany of Am	erica	Organizations e	mpleying in-house lobbyists should ch
Address 1140 Connecticut Avenue	, NW, Suite	510		
City Washington			State DC	Zip 20036
8. Principal place of business (if different fro	State/Zip (or Country)			
9. General description of client's business or Insurance	activities			
10. Name of each individual who has acted or this section has served as a "covered excacting as a lobbyist for the client, state the	cutive branc	h official" or "	covered legisla	tive branch official" within two
Name			Cove	ered Official Position (if application)
Steve Clark	180071.		···	
		•••	***	
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Form LD-1 (Rev. 06/98)				

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Filing #cd705d79-9e93-4284-84c5-5eb922c1c39f - Page 2 of 4

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Registrant Name	Clark & Associates	Client	Name	Prudential Ins	irance Company of Americ
LOBBYING ISSU		pplicable codes	listed in instru	ctions and on the re	verse side of Form LD
INS				<u>-</u>	-
12. Specific lobbying issu General business is	•	•		overnment,	K. D. K. W. C. K. C.
AFFILIATED OR 13. Is there an entity oth a semiannual period	er than the client	that contributes		·	· ·
☑ No ⇒ Go to	line 14.	□ Ye		10.4	section for each entity proceed to line 14.
Name		Address			Principal Place of Bu (city and state or co
	entity that: ast 20% equitable	_			dentified on line 13;
activities c) is an affili	of the client or any	y organization	identified on	line 13; or	s, directs, mances of
No ⇒ Sign and date the registration.		Yes Complete the rest of this section for e matching the criteria above, then sign registration.			
Name	Ad	dress	l t	cipal place of country)	Amount of contribution for lobbying activities
Signature Stev	e Clau	h.	· · · · · · · · · · · · · · · · · · ·	Date_	08/05/200
Printed Name and Titl	e Steve Clark -	President		·	