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U.S. HOUSE OF REPRESENTATIVES

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: ☐ New Registrant ☒ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 04/

2. House Identification 36318

Senate Identification 81555

REGISTRANT ☐ Organization ☒ Individual

3. Registrant Prefix Mr. First JOHN Last COZAD

Address 21550 HIGHWAY 92 Address2

City PLATTE CITY State MO Zip 64079 - Cou

4. Principal place of business (if different than line 3)

City State Zip - Cou

5. Contact name and telephone number

☐ International Number

Contact Mr. John Cozad Telephone (816) 721-4106 E-mail cozadco@aol.com

6. General description of registrant's business or activities

Government Relations

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. ☐ Self

7. Client name Missouri I-49 Coalition

Address 320 E. Fourth Street

City Joplin State MO Zip 64801 - Cou

8. Principal place of business (if different than line 7)

City State Zip - Cou

9. General description of client's business or activities

Development of interstate highway

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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
John	Cozad		
Ward	Cook		

0000060891

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

TRA

ECN

12. Specific lobbying issues (current and anticipated)

Authorization and appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No --> Go to line 14.

☐ Yes --> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address				Principal Place of Business
	Street City	State/Province	Zip Code	Country	
				City	
				State	Country
				City	
				State	Country
				City	
				State	Country

FOREIGN ENTITIES

14. Is there any foreign entity

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes act the client or any organization identified on line 13; or

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

☒ No --> Sign and date the registration.

☐ Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street City	State/Province	Country		
			City		
			State	Country	
			City		
			State	Country	

Signature  **Digitally Signed By: Linda H Cozad**

US, DST Aces Unaffiliated Individual, Linda H Cozad

Date 04/30

Printed Name and Title Linda H Cozad

