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

SECRETARY OF THE SEMA 04 MAY -3 AM 8: 22

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Ch	neck if this is an Amend	ded Registration	1. Effective Date of Registration 4/1/2004					
2.	House Identification	Number	Senate Identification Number					
R	EGISTRANT							
3.	Registrant Name	Fleishman-Hillard Government F	Relations					
	Address	1775 Eye Street, N.W.	Suite 700					
	City	Washington	State DC Zip 20006					
4.	Principal place of bu City	siness (if different from line 3)	State/Zip (or Country)					
5.	Telephone number and contact name Contact E-Mail (optional) 202-551-1440 Paul Sweet sweetp@fleishman.com							
6.	General description of registrant's business or activities  Government Relations Consulting Firm							
<b>C</b> ]		nying firm is required to file a separate regi.  d "Self" and proceed to line 10.   State of Washington - Office of Fi						
	Address	P.O. Box 43113						
	City	Olympia	State WA Zip 98504-3113					
8.	Principal place of business (if different from line 7) City State/Zip (or Country)							
9.	General description of client's business or activities  State Government							
	in this section has ser	rved as a "covered executive branch of	t as a lobbyist for the client identified on line 7. If any person liste ficial" or "covered legislative branch official" within two years of nd/or legislative position(s) in which the person served.					
	Name		Covered Official Position (if applicable)					
	Rod Chandler							
	Larry LaRocco							
	John McCamman		Chief of Staff, Rep. Radanovich					

Pя	n l	Sweet	

Form LD-1 (Rev. 06/98)

Pag<sub>1</sub>

Name:	Fleishman-Hillard Gove	ernment Relations					
Client Name:	State of Washington - Office of Financial Management						
	ring issue areas. Select all a	applicable codes listed in	n instructions and on the reve	erse side of Form LD-1, page 1.			
Monitoring a	ying issues (current and ant	- ′	to Washington State's Dep	artment of Social and Health Se			
13. Is there an ent		it contributes more than	\$10,000 to the lobbying acti or controls the registrant's lo				
🔀 No. Go to	line 14.	☐ Yes.	Complete the rest of this s criteria above, then proceed	section for each entity matching the ed to line 14.			
	Name	A	ddress	Principal Place of Busine (city and state or country			
FOREIGN E. 14. Is there any fo							
a) holds b) direc of the c) is an	s at least 20% equitable ow tly or indirectly, in whole of e client or any organization	or in major part, plans, s identified on line 13; o	r	n line 13; or inances, or subsidizes activities nterest in the outcome of the			
★ No. Sign and date the registration.		☐ Yes.	Complete the rest of this section for each entity matching the criteria above, the sign and date the registration.				
Name		Address	Principal Place of Busin (city and state or count				
Signature	Pand lw	W		Date 3/25/2004			

Form LD-1 (Rev. 06/98)

Pag