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 SECRETARY OF THE SENATE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/15/2004

2. House Identification Number 36019000

Senate Identification Number _____

REGISTRANT

3. Registrant name Whatman and Associates

Address Ronald Reagan Building, Suite 700, 1300 Penn Ave.

City Washington

State DC

Zip 20004

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 204-3014

Contact Tom Whatman

E-mail (optional) _____

6. General description of registrant's business or activities

legislative consulting and lobbying

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box below.* Self

7. Client name Federal home Loan Bank of Cincinnati

Address P.O. Box 598

City Cincinnati

State OH

Zip 45201-0598

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

mortgage banking

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 acting 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)
Tom Whatman	
James C. Musser	



Registrant Name Whatman and Associates Client Name Federal home Loan Bank of Cincinnati

LOBBYING ISSUES

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

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12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant 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 (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- 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 activities of 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 the lobbying activity?

- No ⇨ Sign and date the registration. Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Open in

Signature *James C. Musser* Date 01/15/2004

