

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

SECRETARY
03 AUG 25

LOBBYING REPORT

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

1. Registrant Name Ryan, Phillips, Utrecht & MacKinnon			
2. Address <input type="checkbox"/> Check if different than previously reported 1133 Connecticut Avenue, NW, Suite 300			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name William D. Phillips	Telephone 202-293-1177	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Human Capital Resources			6. House ID # 306800

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date _____ 11. No Lobbying Activities ☐

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, 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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Kathy C. HODGE 01/15/2003

Printed Name and Title _____

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Registrant Name Ryan, Phillips, Utrecht & MacKinnon

Client Name Human Capital Resources

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code EDU (one per page)

16. Specific lobbying issues

H.R. 3451- Student Success Act of 2001, to enable the use of human capital investment contracts for the purposes of financing postsecondary education.

Other educational initiatives, and federal support to reduce the cost of higher education.

17. House(s) of Congress and Federal Agencies contacted

☒ Check if None

U.S. Senate

U.S. House

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Rodney Hoppe	
James Lamb	
Jeffrey M. MacKinnon	
William D. Phillips	
Mark Planning	
Thomas M. Ryan	
Joseph V. Vasapoli	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature _____ Date _____

Printed Name and Title _____

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Page

Registrant Name Ryan, Phillips. Utrecht & MacKinnonClient Name Human Capital Resources**Information Update Page – Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City:

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organizations(s)

Name	Address	Principal Place of Bu (city and state or coi

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution if more than \$10,000	P

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization.

Signature _____ Date _____

Printed Name and Title _____

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