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 2. House Identification Number	Effective Date of Registration Senate Identification Number	5/1/2001
REGISTRANT		
3. Registrant Name Roderick A. DeArment		
Address 1201 Pennsylvania Avenu	ic, N.W.	
**************************************		Zip 20004
4. Principal place of business (if different from	m line 3)	
City 5. Telephone number and contact name	State/Zip (or Co	untry)
5. Telephone number and contact name	***************************************	
(202) 662-5900 Contact Red	erick A. DeArment Emai	l (optional)
		rment@cov.com
6. General description of registrant's business	or activities Law firm	
CLIENT A Lobbying firm is required to file a s house lobbyists should check the box	eparate registration for each client. Tabeled "Self" and proceed to line 1-	Organizations employing in- 0. Self
7. Client Name National Employment Opp	ortunities Network	
Address c/o Chambers Associates, I	nc., 805 15th Street, N.W.	HHhterreserver
City Washington	State D. C.	Zip 20005
8. Principal place of business (if different from	m line 7)	
City	State/Zip (or Co	untry)
 General description of chent's business or ; 	activities Association of bu	sinesses concerped with
the Work Opportunity Credit and the Welf-	are to Work Credit.	
LOBBYISTS		
10. Name of each individual who has acted or line 7. If any person listed in this section h "covered legislative branch official" within the executive and/or legislative position(s) Name	as served as a "covered exec two years of first acting as in which the person served	entive branch official" or
Roderick A. DeArment	P;	riner
	,,,,	

Registrant Name Rode	erick A. DeArment	Client Name National En	nployment Opportur	utties Network		
OBBYING ISS	UES					
 General tobbyin side of Form LE 	ig issue areas. Select all i 0-1, page 1.	applicable codes listed in in	structions and on th	e reverse		
TAX						
12. Specific lobbyin Opportunity Tax (ig issues (current and anti Credit and the Welfare t	icipated) Assisting in the o to Work Credit.	extension of the We	ərk		
FFILIATED O	RGANIZATIONS					
13. Is there an entity	y other than the client that a semiannual period and	t contributes more than \$10 in the whole or major part	,000 to the lobbying plans, supervises or	activities of controls the		
No ⇔ Go to		Yes © Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Nam	ie –	Address	Principal Plac	ce of Business te or country)		
FOREIGN E	ENTITIES					
Is there any fore	ign entity that:					
a) holds line 1		vnership in the client or any	organization identi	fied on		
b) direct	ly or indirectly, in whole ses or subsidizes activities	or in major part, plans, sup s of the client or any organi	ervises, controls, dir zation identified on	rects, line		
c) is an a		y organization identified o obbying activity?	n line 13 and has a d	lirect		
☐ No ⇔ Sign	and date the registration.	each entity r	plete the rest of this natching the criteria e the registration			
Name	Address	Principal place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage it client		
		*				
0						
ignature Fee	10 To	Date August 7, 200	1			