

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 OF THE  
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# LOBBYING REGISTRATION

## Lobbying Disclosure Act of 1995 (Section 4)

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

1. Effective Date of Registration 11

2. House Identification 35948

Senate Identification 72737

### REGISTRANT ☐ Organization ☒ Individual

3. Registrant Prefix Mr. First William r. Last Joseph

Address Weston Hurd, LLP Address2 1301 E. 9th Street, Suite 1900

City CLEVELAND State OH Zip 44114 Co

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Co

5. Contact name and telephone number ☐ International Number

Contact Mr. William R. Joseph, Esq. Telephone (216) 241-6602 E-mail wjoseph@westonhurd.com

6. General description of registrant's business or activities

Weston Hurd, LLP

### CLIENT

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

7. Client name Hebrew Union College

Address 1 West Fourth Street

City New York State NY Zip 10012 Co

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Co

9. General description of client's business or activities

Education

### 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 of becoming 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 |                                           |
| William R. | Joseph | Esq.   |                                           |
|            |        |        |                                           |
|            |        |        |                                           |
|            |        |        |                                           |

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**LOBBYING ISSUES**

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

12. Specific lobbying issues (current and anticipated)

Accessing funds for operations

**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 match criteria above, then proceed to line 14.

| Name | Address                         | Principal Place of Bus |
|------|---------------------------------|------------------------|
|      | Street<br>City                  | City                   |
|      | State/Province Zip Code Country | 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 matchi the criteria above, then sign the registration.

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

Signature ☒

Digitally Signed By: William R Joseph

Date 01/04

US, DST Aces Unaffiliated Individual, William R Joseph

Printed Name and Title William R. Joseph

