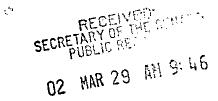
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 11/15/2001				
2. House Identification Number	Senate Identification Number				
REGISTRANT 3. Registrant name McGuireWoods Consulting, LLC					
Address 1050 Connecticut Avenue, NW Suite 120	0				
City Washington					
Principal place of business (if different from line 3)     City Richmond	State/Zip (or Country) VA 23219				
5. Telephone number and contact name (202) 857-2912 Contact	Stephen A. Katsurinis E-mail (optional)				
6. General description of registrant's business or activities public affairs consulting					
7. Client name United Network for Organ Sharing  Address 1100 Boulders Parkway Suite 500	tion for each client. Organizations employing in-house lobbyists should check				
City Distanced	State VA Zip 23225				
8. Principal place of business (if different from line 7) City	State/Zin (or Country)				
General description of client's business or activities     charitable organization maintaining the organ transport.	,				
this section has served as a "covered executive brane	to act as a lobbyist for the client identified on line 7. If any person official" or "covered legislative branch official" within two yearnd/or legislative position(s) in which the person served.  Covered Official Position (if applicable)				
	Covered Official Losidon (it appricates				
L.F. Payne  Hana Brilliant					
Frank J. Donatelli					

Registrant Name	McGuireWoo	ds Consulting, Lt	-cc	lient Name_	Uı	nited Network	for Organ Sharing		
LOBBYING I 11. General lobbying HCR		s. Select all ap	plicable co	odes listed in	instructions and o	n the reverse	e side of Form LD	:-l, ¡	
12. Specific lobbyin Educate Memb	="			transplanta	ition ·				
AFFILIATED  13. Is there an entity a semiannual per	y other tha	n the client th	nat contril	outes more rt plans, su	than \$10,000 to t pervises or contro	he lobbyin	g activities of th strant's lobbying	e re	
No ⇒ Go to line 14.				Yes   Complete the rest of this section for each entity m the criteria above, then proceed to line 14.					
Name			Address			Pri	Principal Place of Busine (city and state or count		
b) direct activ c) is an	eign entity at least 20 tly or indir ities of the	that: % equitable of the client or any the client or	le or in m organiza	ajor part, p tion identif	ent or any organiz lans, supervises, led on line 13; 01 entified on line 13	controls, di r	irects, finances c	or su	
No ⇒ Sign and date the registration.				Yes   Complete the rest of this section for each matching the criteria above, then sign an registration.					
Name		Add	Address (ci		Principal place of business (city and state or country)		Amount of contribution for lobbying activities		
						,			
Signature	78.0	liver	رما_			Date	11/25/20	01	
Printed Name and	C 11010	Stephen A. Ka Ocbbeca-dd79-			ent 339 - Page 3 of 4	<u>.</u>			

Form LD-1 (Rev. 06/98)