

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

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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 3/1/03

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name BLANTON MOORE

Address PO Box 13221

City AUSTIN

State TX

Zip 78711

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(512) 481-1785

Contact _____

E-mail (optional) _____

6. General description of registrant's business or activities

LEGISLATIVE CONSULTANT

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check

labeled "Self" and proceed to line 10. ☐ Self

7. Client name METABOLIFE INTERNATIONAL

Address 5643 COPLEY DRIVE

City SAN DIEGO

State CA

Zip 92111

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

DIETARY SUPPLEMENT MANUFACTURER

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 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)
<u>BLANTON MOORE</u>	



Registrant Name BLANTON MOORE Client Name METABOLIFE INTERNATIONAL

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

LEGISLATIVE ISSUES RELATIVE TO REGULATION OF DIETARY SUPPLEMENTS.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying :

☒ No ⇒ Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity 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 supports 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 of the lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ↓ Complete the rest of this section for each matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C p ii
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Signature 

Date 3/4/03

Printed Name and Title BLANTON MOORE

Form LD-1 (Rev. 06/98)

Office of the Clerk
Legislative Resource Center
Lobby Disclosure Act
Request for Notification of Receipt by E-mail

Please complete the following information if you would like to receive an e-mail confirming receipt of your original filing. Please list each client House Identification Number separately.

Registrant's Name: BLANTON MOORE

Client House Identification Number: _____

Contact Name: _____

Contact Title: _____

Contact E-mail Address: BDMOORE@SWBELL.NET

Contact's Daytime Phone Number: 512-750-2402

CLEAR FORM

PRINT FORM

