

SECRETARY OF THE HOUSE
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September 2, 2004

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515

Dear Secretary of the Senate and Clerk of the House of Representatives,

Please find enclosed a copy of a Lobbying Registration Form (LD-1) for Chlopak, Leonard, Schechter and Associates, Inc. reflecting our lobbying work to be done on behalf of Americans for Secure Retirement.

I am the contact person and can be contacted at (202) 289-5900. Thank you for your assistance. If you have any questions, please feel free to contact me at our offices.

Sincerely,

Michael W. Fox
Chief Financial Officer

1850 M Street NW Suite 550 Washington, DC 20036
Phone: (202) 289 5900 Fax: (202) 289 4141

220 East 42nd Street Suite 408 New York, NY 10017
Phone: (212) 515 1908 Fax: (212) 515 1909

A Gavin Anderson Company

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 9/1/04

2. House Identification Number 31666000 Senate Identification Number 909072

REGISTRANT

3. Registrant name Chlopak, Leonard, Schechter and Associates Inc

Address 1850 M Street NW Suite 550

City Washington State DC Zip 20036

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

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

(202) 289-5900 Contact Michael Fox E-mail (optional) MF

6. General description of registrant's business or activities

Public Affairs Public Relations Firm

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 Americans for Secure Retirement

Address 1850 M Street Suite 550

City Washington State DC Zip 20036

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

Retirement Security Coalition

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>Juan Cortinas</u>	<u>MA</u>
<u>Shannon Hunt</u>	<u>MA</u>

Registrant Name Chlopak Leonard Client Name Americans for Secure

LOBBYING ISSUES

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

INS FIN RET TAX

12. Specific lobbying issues (current and anticipated)

Issues relating to the Insurance Industry and more specifically Annuities.

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 Bu (city and state or co

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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 of the lobbying activity?

No ⇒ Sign and date the registration.

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

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

Signature *M. Leonard* Date 9/2/04

Printed Name and Title Michael W. Fox CFO

Form LD-1 (Rev. 06/98)