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SECRETARY OF THE SENATE 00 OCT 12 PH (2: 27

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Registrant Name: Address	Mark D. McIntyre 1300 I Street, NW Suite 250W Washington, DC 20005 USA	<u> </u>	······································
Contact Name: N Email contact: Fr	fark D. McIntyre phone: 202-371 ejovita@aol.com	-9580 -yy)	
4	· · · · · · · · · · · · · · · · · · ·	E-mail (optional)	5. Senate ID# 44286 - 24
7. Client Name 🔘 Şe	 		6. House ID#
Denk	DIT RESCUE MISSION	MINISTRIES	32879004
	EXPENSES Complete Fitter		11. No Lobbying Activity
	EXPENSES - Complete Either		11. No Lobbying Activity
INCOME OR			ations
INCOME OR INCOME relating to period was:	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting	r Line 12 OR Line 13 13. Organize EXPENSES relating to lobbying settle period were:	ations
INCOME OR	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting	13. Organize EXPENSES relating to lobbying settle period were: Less than \$10,000	ations ivities for this reporting
INCOME relating to period was: Less than \$10,000 C \$10,000 or more	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting 1 3 40,000 Income (nearest \$20,000) estimate, rounded to the nearest \$20,000,	13. Organize EXPENSES relating to lobbying settle period were: Less than \$10,000	ations ivities for this reporting lenses (nearest \$20,000) ck box to indicate expense
INCOME relating to period was: Less than \$10,000 C \$10,000 or more Provide a good faith of all tobbying relating to the period was:	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting 40,000	13. Organize EXPENSES relating to lobbying sets period were: Less than \$10,000 \$10,000 or more Expenses Sets Sets Sets Sets Sets Sets Sets S	ations ivities for this reporting lenses (nearest \$20,000) ck box to indicate expense for description of options.
INCOME or lating to period was: Less than \$10,000 C \$10,000 or more Provide a good faith of all tobbying relating to the period was:	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting 40,000	I.3. Organize 13. Organize EXPENSES relating to lobbying sets period were: Less than \$10,000 \$10,000 or more Exp 14. REPORTING METHOD. Checacounting method. See instructions	ations ivities for this reporting lenses (nearest \$20,000) ck box to indicate expense for description of options. using LIDA definitions only under section 6033(b)(8)of
INCOME relating to period was: Less than \$10,000 C \$10,000 or more Provide a good faith of all lobbying relating payments to the region.	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting 40,000	I. Organize 13. Organize EXPENSES relating to lobbying active period were: Less than \$10,000 \$10,000 or more Expenses Section 14. REPORTING METHOD. Checaccounting method. See instructions Method A. Reporting amounts to Method B. Reporting a	enses (nearest \$20,000) ck box to indicate expense for description of options. under section 6013(b)(8)of ode
INCOME relating to period was: Less than \$10,000 C \$10,000 or more Provide a good faith of all lobbying relating payments to the region.	EXPENSES - Complete Either 2. Lobbying Firms lobbying activities for this reporting 40,000	13. Organize EXPENSES relating to lobbying settle period were: Less than \$10,000 \$10,000 or more \$\text{Exp}\$ 14. REPORTING METHOD. Ches accounting method. See instructions Method A. Reporting amounts to Internal Revenue Co.	enses (nearest \$20,000) ck box to indicate expense for description of options. under section 6013(b)(8)of ode

Registrant Name RUSS RETO CO. Client Name DETROIT RESCURE MISSION M.	INISTRUME
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which tengaged in lobbying on behalf of the client during the reporting period. Using a separate page for each conformation as requested. Attach additional page(s) as needed.	he registrant
15. General issue area code Hou (one per page)	
16. Specific lobbying issues	
HOUSING FOR THE HOMEZESS	
i ·	
17. House(s) of Congress and Federal agencies contacted Check if None	
HOUSE / SCNATE VA/HUD APPROPRIATIONS SUBCOMMITTEE	
j L	
18. Name of each individual who acted as a lobbyist in this issue area	
,	
Name Covered Official Position (if applicable)	Nev
Name Covered Official Position (if applicable)	Nev
	1_
Name Covered Official Position (if applicable) MARK D. Mc INTURE	D .
Name Covered Official Position (if applicable) MARK D. McINTHRE TOM KETUER	
Name Covered Official Position (if applicable) MARK D. McINTHRE TOM KETUER	D D D
Name Covered Official Position (if applicable) MARK D. McINTHRE TOM KETUER	
Name Covered Official Position (if applicable) MARK D. McINTHRE TOM KETUER	
Name Covered Official Position (if applicable) MARK D. McINTHRE TOM KETUER	
Name Covered Official Position (if applicable) MARK D. McINTHE TOM KETUER JONITA V. WENNER	
Name Covered Official Position (if applicable) MARK D. McINTURE TOM KELLER TONITA V. WENNER	
Name Covered Official Position (if applicable) MARK D. Mc INTURE TOM KETUER JOVITA V. WENNER 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	
Name Covered Official Position (if applicable) MARK D. McINTHE TOM KETUER JONITA V. WENNER	

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From F.D.-7 (Rev 6/88)

egistrant Name <i>RVS\$ Ret</i> Information Update P				MISSION MINIS	TH 15C	
0. Client new address		<u> </u>			······································	
			17614 1571 144761 17766614	****		
1. Client new principal place of h	isiness (if different from line 20)	:			31111311113 1 1111113111	
City	F4 Sie	ute/Zip (or Country)				
2. New general description of clie		***************************************				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
LOBBYIST UPDATE 23. Name of each previously	reported individual who is	no longer expected to a	ct as a lobbyi	st for the client		
	A	:				
ISSUE UPDATE 24. General lobbying issues	previously reported that no I	longer pertain		···········		
				·		
AFFILIATED ORGANIZ 25. Add the following affilia		:/				
Name	٧.	Address		Principal Place of Business (city and state or country)		
	#	} !				
26. Name of each previous!	· W	is no longer affiliated w	ith the regist	rant or client		
FOREIGN ENTITIES 27. Add the following foreig	A	· ·			······································	
Name	Address	Principal place (city and state		Amount of contribution for loosying scrivities	Ownership percentage in client	
	A		•			
28. Name of each previousl affiliated organization	y reported foreign entity that	t no longer owns, <u>or</u> co	ntrols, <u>or</u> is a	Miliated with the registr	ant, client or	
Signature	14 M/20		Date	10-12-00		
,,8,mem.e						
rinted Name and Title	Mark D. M	clintyre, Sr. Vice Pre			· · · · · · · · · · · · · · · · · · ·	