

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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SECRETARY  
05 SEP 22

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 8-1-05

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Locke Liddell + Sapp (Washington DC office)

Address 3901 15th St. NW, Suite 900

City Washington State DC Zip 20005

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

202 326-1562 Contact Katie Summers E-mail (optional) Ksummers@locke

6. General description of registrant's business or activities

lobbyist

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check "Self" and proceed to line 10.*  Self

7. Client name Center for Responsible Lending

Address 302 West Main St.

City Durham State NC Zip 27701

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

## 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 per 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 applicat)
<u>Phil Rivers</u>	



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ISSUES**

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

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12. Specific lobbying issues (current and anticipated)

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during 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 matching 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 manages the lobbying 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 client's lobbying activity?

No ⇒ Sign and date the registration.

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

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

Signature *Steph W. [unclear]* Date \_\_\_\_\_

Printed Name and Title Phil Rivers - Partner

Form LD-1 (Rev. 06/98)