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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 4/30/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Alston & Bird LLP

Address 601 Pennsylvania Avenue, N.W., North Building, 10th Floor

City Washington, D.C.

State _____

Zip 20004-2601

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

City Atlanta

State/Zip (or Country) Georgia 30309

5. Telephone number and contact name

(202) 756-3342

Contact Jonathan M. Winer

E-mail (optional) jwiner@

6. General description of registrant's business or activities

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 Council of State Admin of Voc. Rehabilitators

Address 4733 Bethesda Avenue, Suite 330

City Bethesda

State MD

Zip 20814-5275

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Council of State Administrators of Vocational Rehabilitators

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 applicable)
Jennifer L. Butler	
Thomas M. Boyd	
C.M. Cameron Lynch, John A. Schall	
Jonathan M. Winer	



Registrant Name Alston & Bird LLP Client Name Council of State Admin of Voc. Rehabilitation

LOBBYING ISSUES

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

LBR EDU

12. Specific lobbying issues (current and anticipated)
 Vocational rehabilitation and employment

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 Bus (city and state or cou

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 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 t of the lobbying activity?

No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for ea 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 *Jenderson* Date 06/18/200

Printed Name and Title ^U Jonathan M. Winer, Esq.

Form LD-1 (Rev. 06/98)