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HAND DELIVERED

LOBBYING REGISTRATION

Lobby Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 12/1/99

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name The Wexler Group

Address 1317 F Street, NW, Suite 600

City Washington State DC Zip 20004

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
(202) 662-3714 Contact Cynthia Berry, Principal & General Counsel E-mail (optional) _____

6. General description of registrant's business or activities
Lobbying firm

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

7. Client name Orlando Science Center

Address 777 East Princeton Street

City Orlando State FL Zip 32803

8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____

9. General description of client's business or activities
Operates educational programs for the community of Orlando focusing on science.

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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first 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)
Robert Walker	
Anne Jones	
Erika Moritsugu	
Dale Snape	

Registrant Name The Wexler Group Client Name Orlando Science Center

LOBBYING ISSUES

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

SCI
12. Specific lobbying issues (current and anticipated)

Appropriations

AFFILIATED ORGANIZATIONS

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

No \Rightarrow Go to line 14. Yes \Downarrow 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)
NONE		

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 subsidizes 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 outcome of the lobbying activity?

No \Rightarrow Sign and date the registration. Yes \Downarrow 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	Ownership percentage in client

Signature Cynthia E. Perry Date 12/8/99

Printed Name and Title Cynthia Perry, Principal and General Counsel