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

SECRETARY OF THE 06 AUG 23 PM 12

## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration		1. Effective Date of Registration	on06/01/200
2. House Identification Number3017	4	Senate Identification Number	70175
REGISTRANT 3. Registrant name Fleishman-Hill.	ard Governm	ent Relations	
Address 1775 Eye Street, NW		Suite 700	
City Washington	State DC	Zip 20006	US
4. Principal place of business (if different than li	ne 3)		***************************************
City	State	Zip	
5. Telephone number and contact name	*,-*1**,*-***,**,1*,1*,1*71*71*		
202-551-1440 Contact Mr.	. Paul Sv	veet E-mail paul.swee	t@fleishman.com
<ol><li>General description of registrant's business or Public Affairs</li></ol>	activities		
CLIENT A Labbying firm is required to file a separate regulabeled "Self" and proceed to line 10.  7. Client name RSM McGladrey		client. Organizations employing in-house i	lobbyists should check the b
Address 3600 American Blvd. West			
City Bloomington	State MN	V Zip 55431	US
8. Principal place of business (if different than li			
City	State	Zip	
<ol><li>General description of client's business or acti Professional Services firm</li></ol>	vities		
LOBBYISTS  10. Name of each individual who has acted or is expected section has served as a "covered executive branch a lobbyist for the client, state the executive and/or Name	official" or "c	overed legislative branch official"	within two years of fire
Paul Sweet			
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Registrant Name Fleishman-	Hillard Government Relations	Client Name RSM McG	ladrey		
LOBBYING ISSUI 11. General lobbying issue SMB	ES areas. Select all applicable codes	listed in instructions and on the	e reverse side of Form LD	)-1, pa	
12. Specific lobbying issues lssues awareness for sm	` '	·			
	GANIZATIONS than the client that contributes m id in whole or in major part plans				
No ⇔ Go to line	14. Yes ≒	Yes Complete the rest of this section for each entity matching criteria above, then proceed to line 14.			
Name		Address		Principal place of Busines (city and state or countr	
b) directly or ir the client or c) is an affiliate lobbying act	ntity that: t 20% equitable ownership in the adirectly, in whole or in major par any organization identified on line of the client or any organization	rt, plans, supervises, controls, due 13; <b>Or</b> a identified on line 13 and has a	irects, finances or subsidi	ome o	
. O Joigh and a	ate the registration.		riteria above, then sign an		
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C	
Signature Ca	Paul Sweet, Senior Vice Presi	Date	9/14/06		

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