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

Go t

SECRETARY OF
07 APR 25 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? ☐ Yes ☒ No

1. Effective Date of Registration 04/12/200

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization: Turner & Goss LLP

Address: 2446 39th Street, NW

City: Washington State: DC Zip: 20007 US

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

City: State: Zip:

5. Telephone number and contact name

(202) 331-4041 Contact Prefix: Ms. Full Name: Elizabeth Goss E-mail: elizabeth@turnergoss.com

6. General description of registrant's business or activities

Law 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: Cancer Leadership Council

Address: 1010 Wayne Avenue - Suite 770

City: Silver Spring State: MD Zip: 20910 Country: US

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

City: State: Zip: Country:

9. General description of client's business or activities

Advocacy organization

LOBBYISTS

Go to page 3 to add more

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 First	Name Last	Name Suffix	Covered Official Position (if applicable)
Elizabeth	Goss		
Sam	Turner		

30000534006

Registrant Name Turner & Goss LLP Client Name Cancer Leadership Council

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyi

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

BUD MED MMM

12. Specific lobbying issues (current and anticipated)

S. 5 - Stem Cell Research Enhancement Act
FY 2008 -- National Institutes of Health Appropriations

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orga

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 ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busine (city and state or count

FOREIGN ENTITIES

Go to page 3 to add more forei

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 ac 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 c lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each entit matching the criteria above, then sign and dat registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	(I

Form C

00005407

Printed Name and Title Elizabeth Goss, Partner

Printed Name and Title Elizabeth Goss, Partner

Registrant Name Turner & Goss LLP Client Name Cancer Leadership Council

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numb

Name	Address	Principal place of Busines (city and state or country

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C perce
	Street Address City State/Province Country			

Add an additional supplementary informatic

Printed Name and Title Elizabeth Goss, Partner 4/12/1

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