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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 4/2/01

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name PHEASANTS FOREVER, INC.

Address 1783 BUERKLE CIRCLE

City ST. PAUL State MN Zip 55110

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

City State/Zip (or Country)

5. Telephone number and contact name

(320 763-6103 Contact DAVID E. NOMSEN E-mail (optional)

6. General description of registrant's business or activities

NON_PROFIT WILDLIFE CONSERVATION & EDUCATION ORGANIZATION.

CLIENT

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

7. Client name

Address

City State Zip

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 p this section has served as a "covered executive branch official" or "covered legislative branch official" within tw 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 appli
DAVID E. NOMSEN	
BARTH V. CROUCH	

Registrant Name PHEASANTS FOREVER, INC Client Name [redacted]

LOBBYING ISSUES

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

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12. Specific lobbying issues (current and anticipated)

1) Federal Farm Conservation Programs
2) North American Wetlands Conservation Act Funding and Joint-V Funding Issues.

AFFILIATED ORGANIZATIONS

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

☒ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each ent the criteria above, then proceed to line 14.

Name	Address	Principal Place of E (city and state or c

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;
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances 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 ir of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for matching the criteria above, then sig registration.

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

Signature [signature] Date 4/2/01

Printed Name and Title HOWARD K. VINCENT, CHIEF EXECUTIVE OF

Form LD-1 (Rev. 06/98)