

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
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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 September 15,
2. House Identification Number 32080 Senate Identification Number 21563

REGISTRANT

3. Registrant name Kilpatrick Stockton LLP
Address 607 Fourteenth Street, NW, Suite 900
City Washington State DC Zip 20003
4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____
5. Telephone number and contact name
(202) 508-5800 Contact _____ E-mail (optional) _____
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 labeled "Self" and proceed to line 10.* Self

7. Client name Lake Sequoyah Improvement Association
Address P.O. Box 2637
City Highlands State NC Zip 28741
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____
9. General description of client's business or activities
Maintenance and improvement of Highland's water reservoir

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 in 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)
<u>Christopher A. Ott, Esq.</u>	<u>N/A</u>

Form LD-1 (Rev. 06/98)



Registrant Name Kilpatrick Stockton LLP Client Name Lake Sequoyah Improvement Associ

LOBBYING ISSUES

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

CAW

12. Specific lobbying issues (current and anticipated)

Maintenance and improvement of Town of Highlands' water reservoir.

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity r the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or count

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 su 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 of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign ar registration.

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

Signature *Christopher A. Ott* Date September 26, 200

Printed Name and Title Christopher A. Ott, attorney

Form LD-1 (Rev. 06/98)

Office of the Clerk
Legislative Resource Center
Lobby Disclosure Act
Request for Notification of Receipt by E-mail

Please complete the following information if you would like to receive an e-mail confirming receipt of your original filing. Please list each client House Identification Number separately.

Registrant's Name: Kilpatrick Stockton LLP

Client House Identification Number: 32080

Contact Name: Christopher A. Ott

Contact Title: Attorney

Contact E-mail Address: MMontgomery@kilpatrickstockton.com

Contact's Daytime Phone Number: (202) 508-5800

CLEAR FORM

PRINT FORM

