Clear all data

Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required to Complete This Page**

1. Registrant name

Liberty Square DC, LLC

2. Address ☐ Check if different than previously reported

1455 Pennsylvania Avenue, Suite 300

Washington DC 20004 USA

3. Principal place of business (if different than line 2)

City State/Zip or Country

4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. E. Blout	617 695 0369	blout@libertysquaregrp.com	87335-292

7. Client Name ☐ Self

FoxKiser (on behalf of Nitromed, Inc)

6. House ID #

36116013

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June30) ☐ OR Year End (July 1-December 3

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☒ ⇨ Termination Date 09/30/2006 11. No Lobbying Activi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $ _____

Provide a good faith estimate, rounded to the nearest $20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____

14. REPORTING METHOD. Check box to indicate expen accounting method. See instructions for description of optio

☐ **Method A.** Reporting amounts using LDA definitions onl

☐ **Method B.** Reporting amounts under section 6033(b)(8) Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of th Revenue Code

Edit Form

Signature T. Spicer Date 11/9/06

Printed Name and Title TRACY SPICER, PRESIDENT

Registrant Name Liberty Square DC, LLC Client Name FoxKiser (on behalf of Nitromed, Inc)

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** information as requested. Attach additional page(s) as needed.

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

MEDICARE PART D

17. House(s) of Congress and Federal agencies contacted ☐ None ☒ House ☒ Senate ☐ Other

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
TRACY SPICER	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____ Date _____

Printed name and title TRACY SPICER, PRESIDENT

300026119 42

Printed Name and Title TRACY SPICER, PRESIDENT

LD-2DS (Rev. 4.07)

Registrant Name Liberty Square DC, LLC Client Name FoxKiser (on behalf of Nitromed, Inc)

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City State/Zip

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, cl affiliated organization

Signature _____ Date _____

Printed Name and Title TRACY SPICER, PRESIDENT

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