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Legislative Resource Center	Office of Public Records
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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 7/1/2002

2. House Identification Number 35706005 Senate Identification Number 67854-90

REGISTRANT

3. Registrant name Ice Miller

Address One American Square, Box 82001

City Indianapolis State IN Zip 46282-0002

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

City State/Zip (or Country)

5. Telephone number and contact name

(317) 236-5807 Contact John R. Hammond, III E-mail (optional)

6. General description of registrant's business or activities

Legal & Business Advisors

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should c

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name White County

Address P. O. Box 260

City Monticello State IN Zip 47960

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

City State/Zip (or Country)

9. General description of client's business or activities

Municipality

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 two 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 applic
Dennis E. Faulkenberg	
Christopher Kubik	

Registrant Name Ice Miller Client Name City of Monticello

LOBBYING ISSUES

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

BUD ROD

12. Specific lobbying issues (current and anticipated)

Highway funding for 6th Street/West Shafer Drive.

AFFILIATED ORGANIZATIONS

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

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

Name	Address	Principal Place of Bu (city and state or co
White County	P. O. Box 260 Monticello, IN 47960	Monticello, IN

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 or 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 t of the lobbying activity?

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

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

Signature _____ Date 11/25/200

Printed Name and Title John R. Hammond, III, Partner