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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 1-15-04

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name David DiStefano

Address 17 South High Street, Ste. 795

City Columbus State Ohio Zip 43215

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

City State/Zip (or Country)

5. Telephone number and contact name

(614 358-8626 Contact E-mail (optional)

6. General description of registrant's business or activities

Lobbvist

CLIENT

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

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

7. Client name Trammell Crow Company

Address 1055 Thomas Jefferson Street, Suite 600

City Washington State DC Zip 20007

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

City State/Zip (or Country)

9. General description of client's business or activities

Commercial Real Estate Services

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 perso this section has served as a "covered executive branch official" or "covered legislative branch official" within two ye 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
David DiStefano	

[redacted]nt Name David DiStefano Client Name Trammell Crow Company

LOBBYING ISSUES

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

BUD GOV

12. Specific lobbying issues (current and anticipated)

Legislative Appropriations

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 Busi (city and state or cou

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 s 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 th of the lobbying activity?

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

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

Signature [redacted] Date [redacted]

Signature _____ Date _____

Printed Name and Title David DiStefano, President

Form LD-1 (Rev. 06/98)