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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 1-9-

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Foley Government & Public Affai

Address P.O. Box 61303

City Potomac State MD Zip 2085

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

City State/Zip (or Country)

5. Telephone number and contact name

( ) 301-294-0937 Contact Joseph P. Foley E-mail (optional)

6. General description of registrant's business or activities

Government relations & public affa

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 United Macedonian Diaspora

Address P.O. Box 19028

City Washington State DC Zip 20036

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

City State/Zip (or Country)

9. General description of client's business or activities

International non-governmental organizations representing Macedonian-Americans

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 pe 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 applica
Joseph P. Foley	

30001300G

Registrant Name Foley Government and Public Affairs DC Client Name United Macedonian

LOBBYING ISSUES

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

FOR TRD GOV

12. Specific lobbying issues (current and anticipated)

Matters pertaining to the "name issue" and C
Republic of Macedonia, NATO membership &
rights for Macedonians in other na

AFFILIATED ORGANIZATIONS

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

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

Name	Address	Principal Place of (city and state or

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 i 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 Joseph P. Foley Date 1-9-0

00001306l

Printed Name and Title Joseph P. Foley, President

Form LD-1 (Rev. 06/98)