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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
07 FEB -8 AM 10: 45

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? ☐ Yes ☒ No

1. Effective Date of Registration 1/1/07

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization The National Alliance for Eye and Vision Research

Address 12300 Twinbrook Parkway Suite 250

City Rockville State MD Zip 20852 USA

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

City State Zip

5. Telephone number and contact name Prefix Full Name

240-221-2905 Contact Mr. James Jorkasky E-mail jamesj@eyeresearch.org

6. General description of registrant's business or activities

Advocacy on Behalf of Eye and Vision Researchers and Scientists

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☒ *Self*

7. Client name The National Alliance for Eye and Vision Research

Address

City State Zip Country

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

City State Zip Country

9. General description of client's business or activities

LOBBYISTS

Go to page 3 to add more l

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 li section has served as a "covered executive branch official" or "covered legislative branch official" within two years of firs a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
James	Jorkasky		
David	Epstein		

Registrant Name The National Alliance for Eye and Vision Research Client Name The National Alliance for Eye and Vision R

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyin

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

BUD HCR MED

12. Specific lobbying issues (current and anticipated)

Increased Federal Support for the National Institutes of Health and the National Eye Institute; Support for Stem Cell Resea Support for Medical Research;

AFFILIATED ORGANIZATIONS

Go to page 3 to add more organ

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

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

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

FOREIGN ENTITIES

Go to page 3 to add more foreig

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 subsidizes act 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 outcome of lobbying activity?

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

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O pe i

Form Co

Printed Name and Title

Registrant Name The National Alliance for Eye and Vision ~~Research~~ Client Name The National Alliance for Eye and Vision Re

ADDITIONAL LOBBYISTS

Return to page 2 to finish t

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish t

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish t

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numbe

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

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish t

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O percer
	Street Address City State/Province Country			

Add an additional supplementary informatic

Printed Name and Title