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

SECRETA
05 JUL 2

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration JULY 8, -

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name ID ANALYTICS, INC.

Address 15110 AVENUE OF SCIENCE

City SAN DIEGO State CA Zip 92128

4. Principal place of business (if different from line 3)
City State/Zip (or Country)

5. Telephone number and contact name
(858) 312-6200 Contact JOHN CREELMAN E-mail (optional)

6. General description of registrant's business or activities
IDENTITY RISK MANAGEMENT

CLIENT

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

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

7. Client name

Address

City State Zip

8. Principal place of business (if different from line 7)
City State/Zip (or Country)

9. General description of client's business or activities

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 tw
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
THOMAS OSCHERWITZ	SEN. DIANNE FEINSTEIN

Registrant Name ID ANALYTICS Client Name _____

LOBBYING ISSUES

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

CSP HOM SCI CPI ____ ____ ____ ____ ____

12. Specific lobbying issues (current and anticipated)

- IDENTITY THEFT AND IDENTITY RISK MANAGEMENT
- DATA SECURITY
- FRAUD PREVENTION

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

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 o 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 of the lobbying activity?

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

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

Signature _____ Date JULY 14, 20

Printed Name and Title JOHN CREELMAN , CFO

Form LD-1 (Rev. 06/98)