

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

<http://lobbyingdisclosure.house.gov>

<http://www.senate.gov/lobby>

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 06/19/2009

2. House Identification 35626

Senate Identification 66773

**REGISTRANT**  Organization/Lobbying Firm  Self Employed Individual

3. Registrant Organization The Cormac Group

Address 1730 Rhode Island Ave NW, Suite 317 Address2 \_\_\_\_\_

City Washington State DC Zip 20036 - Country USA

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Country \_\_\_\_\_

5. Contact name and telephone number

International Number

Contact Ms. Sydney Morehart Telephone (202) 467-4700 E-mail \_\_\_\_\_

6. General description of registrant's business or activities

Lobbying Firm

**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 Asociación Hondureña de Maquiladores

Address Edificio Yude Canahuati 4 Piso, Avenida Circunvalación S.O.

City San Pedro Sula State \_\_\_\_\_ Zip 2658 - Country HON

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - Country \_\_\_\_\_

9. General description of client's business or activities

Business Group

## 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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within twenty years of first 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)
First	Last	Suffix	
Jonathan B	Slade		
Mark	Vogel		

**LOBBYING ISSUES**

11. General lobbying issue areas (Select all applicable codes).

FOR \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

U.S.- Honduran Relations

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$5,000 to the lobbying activities of the registrant in a quarterly period and either actively participates in and/or 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 the criteria above, then proceed to line 14.

Internet Address: \_\_\_\_\_

Name	Address			Principal Place of Business	
	Street City	State/Province	Zip Code	Country	City
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FOREIGN ENTITIES**

14. Is there any foreign entity

- 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 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 the outcome of the lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership %
	Street City	State/Province	Country			
Asociación Hondureña de Maquiladores	Edificio Yude Canahuati 4 Piso, San Pedro Sula	HON	State	City San Pedro Sula Country HON	\$10000.00	100 %
_____	_____	_____	State	City _____ Country _____	_____	_____ %

Signature \_\_\_\_\_

Digitally Signed By: Jonathan B Slade

Date 07/22/2009

Printed Name and Title Jonathan B Slade, Principal