Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515
<a href="http://lobbyingdisclosure.house.gov">http://lobbyingdisclosure.house.gov</a>

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby

## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Organization/Lobbying Firm Self Employed Individual Cornerstone Government Affairs, LLC				
2. Address				
Address1 300 Independence Avenue, SE	Address2			
City Washington State	<u>DC</u> Zip Code <u>20003</u>	Country <u>USA</u>		
3. Principal place of business (if different than line 2)				
City State	Zip Code	Country		
4a. Contact Name  b. Telephone Number	c. E-mail	5. Senate ID#		
Mrs. Renee Roig 2024489500	rroig@cgagroup.com	75557-1006423		
7. Client Name Self Check if client is a statement of the Self Check	te or local government or instrumentality	6. House ID# 360510293		
TYPE OF REPORT  8. Year 2016 Q1 (1/1 - 3/31) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31)  9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report  Termination Date 11. No Lobbying Issue Activity				
INCOME OR EXPENSES - YOU				
12. Lobbying	13. Organizations			
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSE</b> relating to lobbying activities for this reporting period were:			
<u>Less than \$5,000</u>	<u>Less than \$5,000</u>			
\$5,000 or more \$ 50,000.00	\$5,000 or more \$			
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.			
	Method A. Reporting amounts using LDA de	efinitions only		
	Method B. Reporting amounts under section Internal Revenue Code	6033(b)(8) of the		
Method C. Reporting amounts under section 162(e) of the I Revenue Code				
Signature Digitally Signed By: Renee Roig	Dı	4/15/2016 11:47:24 AM		

Стр. 1 из 5

LD-2 Disclosure Form

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code HCR						
16. Specific lobbying issues						
Public health, public heal	th funding, global health					
17. House(s) of Congress	and Federal agencies	Check if None				
U.S. SENATE, U.S. HOU	JSE OF REPRESENTATIVE	S				
18. Name of each individu	ual who acted as a lobbyist in	this issue area				
First Name	Last Name	Suffix	Covered Official Position (if applicable)	New		
Laura	Bozell		LA House Member Office (McCrery), Prof Staff Ways & Means Cmte (Camp)			
Mark	Murray		Prof Staff House Cmte Office			
Mark	Mioduski		Prof Staff; House Approps Cmte (Obey)			
Michael	Smith					
Erik	Fatemi		Prof Staff Senate Approps Cmte			
John	Leggieri					
Joseph	Bischoff	PhD		<b>*</b>		
19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None						

Стр. 2 из 5

LD-2 Disclosure Form

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

Dublic boolth, mublic b	ealth funding, global health			
Public hearth, public he	earm runding, global nearm			
17. House(s) of Congre	ess and Federal agencies	Check if None		
U.S. HOUSE OF REP	RESENTATIVES, U.S. SENATE			
18. Name of each indiv	idual who acted as a lobbyist in th	is issue area		
First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Laura	Bozell		LA House Member Office (McCrery), Prof Staff Ways & Means Cmte (Camp)	
Mark	Murray		Prof Staff House Cmte Office	
Mark	Mioduski		Prof Staff; House Approps Cmte (Obey)	
Michael	Smith			
John	Leggieri			
Erik	Fatemi		Prof Staff Senate Approps Cmte	
Joseph	Bischoff	PhD		~

Стр. 3 из 5

LD-2 Disclosur	e Form
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<b>LOBBYING ACTIVITY.</b> Select behalf of the client during the reponeeded.	2		•		
15. General issue area code MED					
16. Specific lobbying issues					
Public health, public health funding	ng, global health				
17. House(s) of Congress and Fed	eral agencies Check	if None			
U.S. SENATE, U.S. HOUSE OF	REPRESENTATIVES				
18. Name of each individual who	acted as a lobbyist in this issue	area			
First Name	Last Name	Suff	ĭx Covere	ed Official Position (if applicable	e) New
Laura	Bozell		LA House Memb Means Cmte (Ca	per Office (McCrery), Prof Staff mp)	Ways &
Mark	Murray		Prof Staff House	Cmte Office	
Mark	Mioduski		Prof Staff;House	Approps Cmte (Obey)	
Michael	Smith				
Erik	Fatemi		Prof Staff Senate	Approps Cmte	
John	Leggieri				
Joseph	Bischoff	PhD			<b>~</b>
19. Interest of each foreign entity  Information Update Pag  20. Client new address				formation has changed	
Address					
			State	Zip Code	Country
21. Client new principal place of b	ousiness (if different than line 2	20)			
City			State	Zip Code	Country
22. New General description of cl	ient's business or activities				
LOBBYIST UPDATE  23. Name of each previously repo	rted individual who is no longe	er expect	ed to act as a lobbyis	t for the client	
First Name Last	t Name	Suffix	First Name	Last Name	Suffix
1			3		

Стр. 4 из 5

LD-2 Disclosure For	m
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2		_ 4	-		
ISSUE UPDATE					
24. General lobbying issue that no lo	onger pertains				
AFFILIATED ORGANIZ	LATIONS				
25. Add the following affiliated orga	anization(s)				
Internet Address:					
Name	Street Address			Principal Place of Business (city and state or country)	
			City State Count	ry	
26. Name of each previously reporte	d organization that is no longer affi	liated with the registrant or cli	ent		
1	2	3			
FOREIGN ENTITIES					
27. Add the following foreign entities	es:				
Name	Address Street Address City State/Province Country	Principal place of busin (city and state or country)		Ownership percentage in client	
		City State Country		%	
28. Name of each previously reporte organization	d foreign entity that no longer own	s, or controls, or is affiliated w	ith the registrant, client or aff	ĭliated	
1 2	<u>3</u> 4	5			

Стр. 5 из 5