

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 03/01/2011

2. House Identification 36051

Senate Identification 75557

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

3. Registrant Cornerstone Government Affairs, LLC

Address 300 Independence Avenue, SE Address2 \_\_\_\_\_

City Washington State DC Zip 20003 - 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 Jodi Major Telephone (202) 448-9500 E-mail jmajor@cgagroup.com

6. General description of registrant's business or activities

**Government Relations / Business Consulting**

**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 VISA

Address 1300 Connecticut Avenue, NW Suite 900

City Washington State DC Zip 20036 - Country USA

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

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

9. General description of client's business or activities

**Government Relations**

**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	
Michelle	Mrdeza		Professional Staff, House Appropriations Committee
Gregory	McDonald		
Michael	Smith		
Louie	Perry		
Thomas	Shipman		Maj Staff Dir Sen Ag Cmte, Undsec Farm Service

## LOBBYING ISSUES

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

**BAN**    **BUD**    **FIN**    \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Electronic payments.

## 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			
_____	_____	_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____	_____	_____%

**Signature**    Filed Electronically

**Date**    04/12/2011

**Printed Name and Title**    Jodi Major, Director of Operations & Administration