Clerk of the House of Representatives Legislative Resource Center 135 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov 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 EMERSON	d Individual			
2. Address				
Address1 529 14th Street, NW, Suite 412	Address2			
City WASHINGTON State	<u>DC</u> Zip Code <u>20045</u>	Country <u>USA</u>		
3. Principal place of business (if different than line 2)				
City St. Louis State	MO Zip Code 63136	Country <u>USA</u>		
4a. Contact Name b. Telephone Number c. E-mail 5. Senate ID#				
Mrs. Lisa Jackson 2026628790	13506-12			
7. Client Name Self Check if client is a state EMERSON	6. House ID# 306420000			
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		
1	J MUST complete either Line 12 or Line 1			
12. Lobbying	13. Organizations	.5		
INCOME relating to lobbying activities for this reporting period was:	EXPENSE relating to lobbying activities for this reporting period were:			
Less than \$5,000	Less than \$5,000			
\$5,000 or more \$	\$5,000 or more \$ 140,000.00			
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.			
	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code			
Signature Digitally Signed By: Lisa Jackson	Da	1/19/2024 12:34:50 PM		

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 HOM 16. Specific lobbying issues Cybersecurity issues (general) Regulatory Harmonization 17. House(s) of Congress and Federal agencies Check if None Homeland Security - Dept of (DHS), U.S. HOUSE OF REPRESENTATIVES 18. Name of each individual who acted as a lobbyist in this issue area Suffix Covered Official Position (if applicable) First Name Last Name New Lisa Jackson 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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 ENV 16. Specific lobbying issues Sustainability/ESG issues (general) PFAS/Chemical issues Inflation Reduction Act implementation Infrastructure Investment and Jobs Act implementation 17. House(s) of Congress and Federal agencies Check if None U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Energy - Dept of, Environmental Protection Agency (EPA) 18. Name of each individual who acted as a lobbyist in this issue area First Name Suffix Covered Official Position (if applicable) Last Name New Jackson Lisa

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 ENG 16. Specific lobbying issues Inflation Reduction Act implementation Infrastructure Investment and Jobs Act implementation 17. House(s) of Congress and Federal agencies Check if None U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES, Energy - Dept of 18. Name of each individual who acted as a lobbyist in this issue area Suffix Covered Official Position (if applicable) First Name Last Name New Lisa Jackson 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf

			ssue areas in which the registrant engle information as requested. Add add		
15. General issue area code	MAN				
16. Specific lobbying issues					
CHIPS Act implementation Electric transformer supply	chain				
17. House(s) of Congress an	d Federal agencies Cl	heck if None			
U.S. SENATE, U.S. HOUSI	E OF REPRESENTATIVE	ES			
18. Name of each individual	who acted as a lobbyist in	ı this issue area			
First Name	Last Name	Suffix	Covered Official Position (if applicable) New		
Lisa	Jackson				
19. Interest of each foreign e	entity in the specific issues	s listed on line 16 above C	heck if None		
	- Complete ONLY where	registration information has	changed.		
20. Client new address					
Address					
City		State	Zip Code	Country	
21. Client new principal plac	ce of business (if different	than line 20)			
City		State	Zip Code	Country	
22. New General description	n of client's business or act	ivities			
LOBBYIST UPDAT	TE				
23. Name of each previously	reported individual who i	is no longer expected to act as a	a lobbyist for the client		
First Name	Last Name	Suffix First 1	Name Last Name	Suffix	
1		3			
2	_	4			
ISSUE UPDATE					
24. General lobbying issue the	hat no longer pertains				
24. General lobbying issue to	mat no longer pertains				
AFFILIATED ORG	ANIZATIONS				
25. Add the following affilia	ted organization(s)				

Internet Address:

2/2/24, 5:10 PM		LD-2 Disclosure Form					
Name	Street Address				Principal Place of Business (city and state or country) City		
			State	Countr	У		
26. Name of each previously report	ed organization that is no longer affile	iated with the registrant or client					
1	2	3					
FOREIGN ENTITIES							
27. Add the following foreign entiti	les:						
Name	Address Street Address City State/Province Country	Principal place of busines (city and state or country	,) C	Amount of ontribution for obying activities	Ownership percentage in client		
		City State Country			%		
28. Name of each previously report	ed foreign entity that no longer owns,	or controls, or is affiliated with the	he registrant	t, client or affiliate	ed organization		
1 2	<u>3</u>	<u>5</u>					
CONVICTIONS DISCL	OSURE						
	on this report been convicted in a Fe ud, a conflict of interest, making a fal			ribery, extortion, e	embezzlement,		
Lobbyist Name		Description of C	Offense(s)				