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 V Organization/Lobbying Firm Self Employed Individual						
Internet Corporation for Assigned Names and Numbers 2. Address						
Address1 801 17th Street NW	Address2 Suite 400					
City Washington State	<u>DC</u> Zip Code <u>20006</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		5. Senate ID# 400716152-12				
7. Client Name Self Check if client is a start Internet Corporation for Assigned Names and Numbers		6. House ID# 415870000				
TYPE OF REPORT 8. Year 2013 Q1 (1/1 - 3/9). Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination I		4 (10/1 - 12/31) e Activity				
INCOME OR EXPENSES - YOU	MUST complete either Line 12 or Line	e 13				
12. Lobbying INCOME relating to lobbying activities for this reporting period was: Less than \$5,000	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: Less than \$5,000					
\$5,000 or more \$	\$5,000 or more \$ 145,000.00					
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. Wethod A. Reporting amounts using LDA definitions only					
	Method B. Reporting amounts under section of Internal Revenue Code Method C. Reporting amounts under section Internal Revenue Code	6033(b)(8) of the				
Signature Digitally Signed By: James Hedlund	Dat	e 10/11/2013 11:43:42 AM				

on behalf of the client page(s) as needed.	during the reporting period.	Using a separate page for	each code, provide information as reques	sted. Add additional
15. General issue area	code CPI			
16. Specific lobbying i	issues			
governance; preserving System; introduction of	g and enhancing the security	and stability of the Internions Contract with the US	CANN's multistakeholder policy developet's systems of unique identifiers, including Department of Commerce; Affirmation of	ing the Domain Name of Commitments,
17. House(s) of Congre	ess and Federal agencies	Check if None		
	& Information Administration	n (NTIA), Office of Scien	Investigation (FBI), Federal Trade Commce & Technology Policy (OSTP), State -	
18. Name of each indiv	vidual who acted as a lobbyis	st in this issue area		
First Name	Last Name	Suffix	Covered Official Position (if appli	icable) New
James	Hedlund			
	Page - Complete ONLY wh		tion has changed.	
Address				
City		State	Zip Code	Country
21. Client new principa	al place of business (if different	ent than line 20)		
City		State	e Zip Code	Country
22. New General descr	ription of client's business or	activities		
LOBBYIST UP	DATE			
23. Name of each prev	riously reported individual wh	ho is no longer expected t	o act as a lobbyist for the client	
First Name	Last Name	Suffix Fi	rst Name Last Name	Suffix
1		3		
2		4		
ISSUE UPDATI	E			
24 General lobbying i	ssue that no longer pertains			
24. General 1000ying 1	ssue mai no longer periams			

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:					
Name	Street Address City S	Address tate/Province Zip Country		Principal Place of Business (city and state or country) Country	
26. Name of each previously	y reported organization that is no lon	ger affiliated with the registrant or	client		
1	2	3			
FOREIGN ENTITI 27. Add the following foreig					
27. Add the following foleig					
Name	Address Street Address City State/Province Co	Principal place of busin (city and state or country	ry) C	Amount of ontribution for obying activities	Ownership percentage is client
		City State Country			c,
28. Name of each previously organization	y reported foreign entity that no long	ger owns, or controls, or is affiliated	d with the re	egistrant, client or	r affiliated
1 2	<u>3</u>	5			