

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

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Office of Public Records  
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Washington, DC 20510

SECRETARY OF THE SENATE

04 SEP 30 PM 4: 31

**LOBBYING REPORT**

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

1. Registrant Name <u>THE MITCHELL COMPANY</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1200 N. VEITH STREET, #1504</u>			
3. Principal Place of Business (if different from line 2) City: <u>ARLINGTON</u> State/Zip (or Country) <u>VA 22201</u>			
4. Contact Name <u>GREG MITCHELL</u>	Telephone <u>202-669-4065</u>	E-mail (optional)	5. Senate ID # <u>91650</u>
7. Client Name <input type="checkbox"/> Self <u>ASSOCIATION OF CITIZENS FOR SOCIAL REFORM</u>			6. House ID # <u>36807</u>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec 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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, 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).</p>	<p align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 6/98)

Registrant Name THE MITCHELL COMPANY Client Name ASSN. OF CITIZENS FOR SOCIA

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

15. General issue area code EDU (one per page)

16. Specific lobbying issues

- FOR PASSAGE OF 'CHILD MEDICATION SAFETY ACT OF 200  
HR 1170 + S 1390

17. House(s) of Congress and Federal agencies contacted  Check if None

- HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
GREG MITCHELL	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev.6/98)

Page

Registrant Name THE MITCHELL COMPANY Client Name ASSN. OF CITIZENS FOR SOCIAL JUSTICE

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

15. General issue area code LAW (one per page)

16. Specific lobbying issues

- FOR INTRODUCTION OF A PRISONER REENTRY BILL

17. House(s) of Congress and Federal agencies contacted

Check if None

- HOUSE OF REPRESENTATIVES  
- SENATE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
GREG MITCHELL	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature G. Mitchell

Date 9/15/04

Printed Name and Title <sup>✓</sup> GREG MITCHELL, PRESIDENT

Form LD-2 (Rev. 6/98)

Page