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| 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 |
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SECRETARY OF THE SENATE
 05 MAR -9 PM 4:27

LOBBYING REPORT

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

| | | | |
|---|----------------------------------|-------------------|----------------|
| 1. Registrant Name <u>Genean McKinnon / McKinnon Associates</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>701 Via Bella, Winter Park, FL 32</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: <u>Winter Park</u> State/Zip (or Country) <u>32789</u> | | | |
| 4. Contact Name <u>Genean McKinnon</u> | Telephone <u>407.341.0341</u> | E-mail (optional) | 5. Senate ID # |
| 7. Client Name <input type="checkbox"/> Self <u>Southeast Milk, Inc.</u> | 6. House ID # | | |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>40,000.00</u> <small>Income (nearest \$20,000)</small></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">13. Organizations</p> <p>EXPENSES 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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |

Signature

Genean McKinnon

 President

Printed Name and Title C. (S) / VICTORIO, J. C.

LD-2 (REV. 6/98)

F

Registrant Name Genean McKinnon Client Name Southeast Milk, Inc

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 provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

hurricane Disaster Relief for dairy farmers

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

US House; US Senate; USDA

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

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>Genean McKinnon</u> | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Check if None

Signature

Genean McKinnon Date 02.26.11

Printed Name and Title

Genean McKinnon, President

Registrant Name Genean McKinnon Client Name Southeast Milk

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus: (city and state or cou |
|------|---------|---|
| | | |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|--|---|
| | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature [Handwritten Signature]

Date 02.26.05

Printed Name and Title Genean McKinnon
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