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## 05, **LOBBYING REPO**

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

1. Registrant name		
Organization Theodosiou Consultar	<i>t</i> s	
Check if different than previously reported		
Address 1 8029 MENLY OAKS COUT		
City Viena State	A. Zip Code A218	12-4029 Country U
3. Principal place of business (if different than line 2)		
City State City State/Z	Zip Code ip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
	hegreeksenatropad	54621-30 6. House ID#
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PYPE OF REPORT 8. Year 2004 Midyear (Januar 9. Check if this filing amends a previously filed version of this report		ear End (July 1-Decemb
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9. Check if this filing amends a previously filed version of this report	2 OR Line 13	
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9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   Termination Date  INCOME OR EXPENSES - Complete Either Line 1  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   \$10,000 or more   \$\frac{2500.50}{2500.50}\$  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	2 OR Line 13  13. Org  EXPENSES relating to lobbying were:  Less than \$10,000	11. No Lobbying A  anizations  activities for this report  Check box to indicate exions for description of oounts using LDA definition ounts under section 6033(b nue Code ounts under section 162(e)

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<u>.                                      </u>	s necessary to reflect the general issue areas in which the reporting period. Using a separate page for each coas needed.
15. General issue area code HCR	(one per page)
16. Specific lobbying issues	Add page to continue specific issues description for this issue
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17. House(s) of Congress and Federal agencies cont House of Representatives United Statu Serate	
18. Name of each individual who acted as a lobby is  Name First Name Last Name Suffix	Covered Official Position (if applicable)
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•	
19. Interest of each foreign entity in the specific iss	ues listed on line 16 above Check if None

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Information Upda	ate Page -	Complete ONLY w	here regis	stration inform	nation has changed	
20. Client new address	ite i uge	Complete ONET W	nere regi		nation has enanged	
Citv			State	Zip Code	Country	
	al place of busi	ness (if different than lin		Dip Code		*****
City			State	Zip Code	Country	
22. New general descrip	*******************************	s business or activities				*****
LOBBYIST UPDA	TE.					_
23. Name of each pre	viously repor	ted individual who is I	no longer e		s a lobbyist for the clie	nt
First Name	Last Name	Suffix		First Name	Last Name	
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ISSUE UPDATE						_
24. General lobbying	issues that no	longer pertain	۲	ind the code to	select below.	
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AFFILIATED OR	GANIZATI	ONS				
25. Add the following	g affiliated org	ganization(s)				
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	, <u>.</u>		······		(city and state or co	)uii
		Address			City	
		C/S/Z Address			State Count	гу
		C/S/Z		ı	City State	
26 Name of each pro	viously repo	ted organization that i	s no longo	e affiliated with	the registrant or client	_
_	viously repor		s no longe		the registration of effective	
[1]		2		[3]		
FOREIGN ENTIT	IES					
27. Add the following	g foreign entit	ies	T	·-·	<b>T</b>	T
Name	Street Address	Address		place of business state or country)	Amount of contribution for lobbying activities	C P
	City	State/Province Country	(,	,		, c
			City			
			State	Country		
28. Name of each previ		I foreign entity that no lo	nger owns,	<u>or</u> controls, <u>or</u> is	affiliated with the registr	ran
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