Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 205 (8)	RETARY OF THE SENATE		
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City:	State	(Zip (or Country)		
4. Contact Name	Telephone	E-mail (optional)	, T	5. Senzie 12) #
Jay Velasquez	(202)543-6	1780		53403-12
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Registrant Name VELASOUEZ GAON P \_ Client Name huses fre & Company Institute 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. Attach additional page(s) as needed. 15. General issue area code \_\_\_\_\_ (one per page) NA 16. Specific lobbying issues NA 17. House(s) of Congress and Federal agencies contacted Check if None NA 18. Name of each individual who acted as a lobbyist in this issue area NA Name Covered Official Position (if applicable) New Q Q <u>.</u> . .. ..... 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None ÅÅ. Date 2/12/01 Signature Tay Velas Princi pal Printed Name and Title Form LD-2 (8ey.6/98)

NA         21. Client new principal place of basiness of activities         Statu2/p (or Compty)         22. New general description of client's business or activities         NA         LOBBYIST UPDATE       NA         23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client         25. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client         25. Name of each previously reported that no longer pertain         VFILIATED ORGANIZATIONS       NA         26. Name of each previously reported organization that is no longer affiliated with the registrant or client         Name       Address         Principal Place of Business (city and state or country)         6. Name of each previously reported organization that is no longer affiliated with the registrant or client         NAM         OREIGNENTITES         Address       Principal place of business (city and state or country)         6. Name of each previously reported foreign entities       A         Name       Address       Amount of contribution previously reported foreign entity that no longer owns, gr controls, gr is affiliated with the registrant, client or affiliated organization NA         Name of each previously reported foreign entity that no longer owns, gr controls, gr is affiliated with the registrant, client or affiliated organization NA         <	20. Chent new address		here registration information h	is changed.	
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