

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

WASHINGTON SECRETARY OF THE SENATE

AUG 18 AM 11:28

LOBBYING REPORT

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

1. Registrant name
 Organization **Evergreen Associates, Ltd**

2. Address Check if different than previously reported
 206 G Street NE
 City **Washington** State **DC** Zip Code **20002** Country **US**

3. Principal place of business (if different than line 2)
 City _____ State _____ Zip Code _____ Country _____

4a. Contact Name
 Prefix **Mr.** Full Name **Robert Brooks** Telephone number **(202) 543-3383** E-mail **evergreen@evergreendc.com**

5. Senate ID # **139847**

7. Client Name Self
Washington State Impact Aid Assn

6. House ID # **3029200**

TYPE OF REPORT 8. Year **2005** Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME 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"/> ⇨ \$ _____</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>Income: \$ _____</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(5) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>

Robert Brooks 8/18/05

Printed Name and Title **Robert Brooks, President**

1000421842

Registrant Name Evergreen Associates, Ltd

Client Name Washington State Impact Aid Assn

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 - Education (one per page)

16. Specific lobbying issues

Impact Aid

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

Senate
House of Representatives
Department of Defense
Department of Education

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Robert	Brooks		
David	Kuennen		

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

Printed Name and Title Robert Brooks, President

0000421843



Registrant Name Evergreen Associates, Ltd

Client Name Washington State Impact Aid Assn

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

20. Client new address

Address _____

City _____ State _____ Zip Code _____ Country _____

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

City _____ State _____ Zip Code _____ 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

First Name	Last Name	Suffix	First Name	Last Name
1			3	
2			4	

ISSUE UPDATE

24. General lobbying issues that no longer pertain

Find the code to select below

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Address City	Address City	City State Country
Address City	Address City	City State

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

1 _____ 2 _____ 3 _____

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province... Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc client
	City	State Country	City State Country		

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

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Printed Name and Title Robert Brooks, President

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