Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Clerk of the House of Representatives

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SECRETARY OF THE SENAM

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LOBBYING REPORT

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

p (or Country) E-mail (optional) 5. Senate ID #		
261-1130		
6. House ID # 30018084		
OR Year End (July 1-Dece		
11. No Lobbying		
<u> </u>		
13. Organizations		
EXPENSES relating to lobbying activities for this report period were:		
Less than \$10,000 🗖		
\$10,000 or more □ ➪ \$		
Expenses (nearest \$20,000)		
HOD. Check box to indicate expinstructions for description of opt		
- •		
ing amounts using LDA definition		
ing amounts using LDA definitio ing amounts under section 6033(I I Revenue Code		

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Printed Name and Title -

LD-2 (REV. 4/03)

PAGE 1 of.

The Advocacy Group

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

Client Name.

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

_ (one per page)

Registrant Name

15. General issue area code _

16. Specific lobbying issues

Connecticut State University System

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Registrant Name	The Advocacy Group	Client Name	Connect	icut State University Syste
information Upo	date Page - Complete ON	LY where registration	information	n has changed.
20. Client new address		· · · · · · · · · · · · · · · · · · ·		
21. Client new principal	place of business (if different from l	ine 20)		
City		State/Zip (or Coun	trv)	
.,,	tion of client's business or activites			***************************************
LOBBYIST UPD 23. Name of each pi	ATE reviously reported individual v	who is no longer expect	ed to act as	a lobbyist for the client
	·			
			,	
FOOTIES FIRMS AGES				
ISSUE UPDATE	a ianuaa pranianahi rapartad ti	sat na langar nagtain		
24. General lobbylli	g issues previously reported the	iat no ionger pertam		
 	_ 			
	RGANIZATIONS ng affiliated organization(s)	:		·
Na	me	Address		Principal Place of Bu (city and state or co
N/A				
26. Name of each p	reviously reported organizatio	n that is no longer affil	iated with th	e registrant or client
,				_
FOREIGN ENTI	TIEC		*	
27. Add the following				
Name	Address	Principal place (city and state		Amount of contribution for lobbying activities
V/A	***************************************	***************************************	***************************************	***************************************
28. Name of each previ affiliated organization	ously reported foreign entity that	t no longer owns, <u>or</u> contr	ols, <u>or</u> is affi	liated with the registrant,
,	A/UM			8/15/05
Signature	· v uv ·		Date -	

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Form LD-2 (Rev. 4/03)

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