

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
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

RECEIVED  
 SECRETARY OF THE SENATE  
 PUBLIC

06 JAN 18 AM 9:54

# LOBBYING REPORT

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

1. Registrant name <b>Levinson &amp; Associates</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>50 F Street, NW Suite 900 Washington DC 20001 US</b>			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name <b>Ms. Ellen S. Levinson</b>	b. Telephone number <b>202-879-0835</b>	c. E-mail <b>elevinson@elevinson.com</b>	5. Senate ID # <b>290616-1</b>
7. Client Name <input type="checkbox"/> Self <b>Yemeni Federation of Chambers of Commerce and Industry</b>			6. House ID # <b>3718000</b>

**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**

<p><b>12. Lobbying Firms</b></p> <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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signature Ellen S Levinson Digitally signed by Ellen S Levinson  
DN: cn = Ellen S Levinson, c = US, o = DISTANCED BUSINESS REPRESENTATION, ou = LEVINSON AND ASSOCIATES  
Date: 2005.08.08 10:42:32 -0400 Date 8/8/2005

Printed Name and Title Ellen S. Levinson, President

0000023340





