

**CRAIG ASSOCIATES - GOVERNMENT RELATIONS**

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PATRICIA J. CRAIG, President  
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RECEIVED  
OFFICE OF THE SENATOR  
27 AM 9:47

April 24, 2001

To: The Office of the Clerk, U.S. House of Representatives

From: Craig Associates

Re: Filing Delay

Due to conflicting information we received from varying sources, we inadvertently sent an end of year report and did not include the LD2 forms. We regret any inconvenience this delay has caused your office. Thank you.

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

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CLERK OF THE SENATE  
01 APR 27 4 47 PM '97

## LOBBYING REPORT

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

1. Registrant Name <b>Craig Associates, Patricia J Craig</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1001 CONNECTICUT AVE, NW Suite 507</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC 20036</b>			
4. Contact Name <b>Patricia J Craig</b>		Telephone <b>(202) 466-0001</b>	E-mail (optional) <b>pcraig@kell atlantic.net</b>
5. Senate ID # <b>32784001</b>		6. House ID # <b>32784001</b>	
7. Client Name <input type="checkbox"/> Self <b>San Bernardino County, CA - HUMAN SERVICES SYSTEM</b>			

TYPE OF REPORT 8. Year \_\_\_\_\_ Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <b>28,000</b> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code

Signature *Patricia J Craig*

Printed Name and Title **PATRICIA J. CRAIG - PRESIDENT**

Registrant Name Craig Associates Client Name San Bernardino County, CA

**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 WEL (one per page)

16. Specific lobbying issues

Welfare Reform, Adoption, Foster Care  
Employment, Training, Social Services Block  
Grant, Food Stamps, MENTAL HEALTH, SUBSTANCE ABUSE  
BLOCK GRANT

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

House  
Senate  
HHS

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

Name	Covered Official Position (if applicable)	New
Kathryn Dnjak		<input type="checkbox"/>
Pat Craig		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Patricia J. Craig Date 4/24/01  
Printed Name and Title PATRICIA J. CRAIG, PRESIDENT

General Lobbying Issue Areas

FAM, BUD, HCR

CRAIG ASSOCIATES

Registrant Name: PATRICIA CRAIG Client Name: SAN BERNARDINO COUNTY HUMAN SERVICES SYSTEM

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

20. Client new address

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

HUMAN SERVICES SYSTEM - HEALTH, SOCIAL SERVICES, AND WELFARE AGENCIES OF THE COUNTY

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

KATHRYN DYAK

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

None

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

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

Signature: Patricia J. Craig Date: 4/24/01

Printed Name and Title: PATRICIA J. CRAIG, PRESIDENT