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LOBBYING REPORT

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

1. Registrant Name <u>SUZIE Brewster and Associates</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>451 New Jersey Avenue SE</u>	
3. Principal Place of Business (if different from line 2) City <u>Washington</u> State/Zip (or Country) <u>DC 20003</u>	
4. Contact Name <u>SUZIE Brewster</u>	Telephone <u>202/544 6363</u>
E-mail (optional) <u>SUZIE.Brewster@MEN.com</u>	
5. Senate ID	
6. House ID	
7. Client Name <input type="checkbox"/> Self <u>Seminole State College</u>	

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) ☒ OR Year End (July 1-E

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000)</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

