

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
---	--

SECRETARY OF THE SENATE

05 FEB 15 AM 11:19

# LOBBYING REPORT

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

1. Registrant name  
Organization **Goin Harris**

2. Address  Check if different than previously reported  
Address 1 **3200 Chateaufort Way** **Edina, MN**  
City **Edina** State **MINN** Zip Code **55425** Country **USA**

3. Principal place of business (if different than line 2)  
City **Edina** State **MINN** Zip Code **55425** Country **USA**

4a. Contact Name  
Prefix **Ms** Full Name **Barbara J. Harris**  
b. Telephone number **612-426-1111**  
c. E-mail **barbara.harris@senate.mn.gov**

5. Senate ID # **0000000000**

6. House ID # **0000000000**

7. Client Name  Self **Sen. Goin Harris**

**TYPE OF REPORT** 8. Year **504** 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 **01/31/2015**

11. No Lobbying Activity

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

<p><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> ⇒ \$ <b>100,000</b></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><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ <b>0</b></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
---	--

Form Compl

Printed Name and Title **Sharon D. Harris VP**

*Shawn Bullis* 2/14/05

Coalition to End  
Childhood  
Lead Poisoning <sup>Go to</sup>

Registrant Name Golin Harris

Client Name Lead Poisoning

**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 code,** information as requested. Attach additional page(s) as needed.

15. General issue area code EDU (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Labor - HHS - Education Appropriation

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

House  
Senate

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for th

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
<u>Barbara</u>	<u>Bullard</u>	<u>IV</u>	
<u>Michael</u>	<u>Fulton</u>	<u>IV</u>	

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

[Redacted area for foreign entity interest]

Add a page for a different

Printed Name and Title

Shawn Bullard, VP

LD-2DS (REV/03)

Shawn Bullard 2/14/05

Page 2 of 0

Registrant Name Golin Harris

Client Name Coalition to End Childhood Lead Poisoning

**Information Update Page - Complete ONLY here 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	Su
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
	C/S/Z	State
	Address	Country
	C/S/Z	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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percent client
	Street Address	City		
	City	State/Province		
		Country		
		City		
		State		
		Country		

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

1	3	5
2	4	6

Add a page for more updates

LD-2DS (REV 03 )

*Shawn Ballantyne 2/14/05*