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Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

LOBBYING REPORT

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

1. Registrant name		
Organization GolinHarris		
2. Address Check if different than previously reported		
Address1 2200 Clarendon Blvd.	Suite 1100	
City Arlington State	, VA Zip Code 22201	Country U
3. Principal place of business (if different than line 2)		
City Stat	e Zip Code ate/Zip or Country	Country
4a. Contact Name b. Telephone number	c. E-mail	5. Senate ID#
Prefix Full Name Mr. C. Michael Fulton 703.741.7500		34023-4
7. Client Name Self		6. House ID#
Kent State University		322140
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report	t	11. No Lobbying A
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9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either Literary 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$ 20,000	Date	11. No Lobbying A. ganizations g activities for this report Check box to indicate extions for description of o mounts using LDA definition mounts under section 6033(b)

Printed Name and Title C. Michael Fulton, Executive VP

Registrant Name	GolinHarris	Client Name Kent State University			
LOBBYING Accepted to the Lobby	CTIVITY. Select as	lient during the rep	essary to reflect the general issue areas in which the orting period. Using a separate page for each codeeded.		
15. General issue	e area code	lucation	(one per page)		
16. Specific lobb	ying issues	,	Arid page to continue specific issues description for this issue		
Labor - HHS	- Education Appropria	tions Bills			
House Senate	ch individual who acto		this issue area		
First Name	Name Last Name Fulton	Suffix Mr.	this issue area Add a page to continue additing lobbyists for Covered Official Position (if applicable)		
Michael Amanda	Schroeder	Ms.			

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

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Registrant Name GolinH	arris	Client Name Kent State University						
Information Upd		Complete ON	LY where regis	tration inform	atio <u>n has</u>	changed.		
20. Client new address	-	<u> </u>						
Address								
City			State	Zip Code		Country		
21. Client new principa	al place of busi	ness (if different	than line 20)					
City			State	Zip Code	.,	Country		
22. New general descri	iption of client	's business or acti	vities					
LOBBYIST UPDA	ATE							
23. Name of each pre	eviously repor	rted individual v	vho is <mark>no longer</mark> e	expected to act as	s a lobbyist Last Name	for the client		
1			3					
2			4					
ISSUE UPDATE				ind the code to s	select below			
24. General lobbying	g issues that n	o longer pertain			,0,000	•		
		-						
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AFFILIATED OF	RGANIZAT.	IONS						
25. Add the followin	g affiliated or	ganization(s)						
	Name		Address			Principal place of Busine		
					(city and state or coun			
		Address			City			
		C/S/Z			State	Country		
Address C/S/Z		Address			City			
		C/S/Z				Country		
26. Name of each pr	eviously repo	rted organizatio	n that is no longe	r affiliated with	the registra	nt or client		
n	• •	2		[3]				
		<u></u>						
FOREIGN ENTI 27. Add the following		ities						
Name		Address		place of business	Amount of	contribution (
	Street Addres	ss State/Province	(city and	I state or country)	for lobbyin	ig activities		
***************************************			City					
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			State	Country				
28. Name of each pre		d foreign entity t	nat no longer owns	, <u>or</u> controls, <u>or</u> is	affiliated wi	th the registra		
affiliated organizat	uon	[2]		[5	5]			
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C-Michael Gutton

5/27/05

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