

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

08 OCT -7 PM

LOBBYING REPORT

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

1. Registrant name The Advocacy Group			
2. Address ☐ Check if different than previously reported 1350 I Street, N.W. Suite 680 Washington DC 20005 US			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Mr. George A. Ramonas	b. Telephone number 202-393-4841	c. E-mail caroline@advocacy.com	5. Senate ID # 261-1496
7. Client Name ☐ Self Ohio Northern University			6. House ID # 3001810

TYPE OF REPORT 8. Year 2007 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 Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 ☐ \$10,000 or more ☒ ⇨ \$ <u>24,000</u> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 ☐ \$10,000 or more ☐ ⇨ \$ _____ 14. REPORTING METHOD. Check box to indicate expert accounting method. See instructions for description of options. ☐ Method A. Reporting amounts using LDA definitions on Internal Revenue Code ☐ Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) of the Revenue Code
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 Password

Signature _____ Date _____

Printed Name and Title Caroline de Munnick, Manager

3000020792

Registrant Name The Advocacy GroupClient Name Ohio Northern University

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 - Education (one per page)

16. Specific lobbying issues

HR Unknown/S. 1745 Commerce/Justice/State Appropriations
Funding issues related to criminal justice type educational programs.

17. House(s) of Congress and Federal agencies contacted ☐ None ☒ House ☒ Senate ☐ Other

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

Name	Covered Official Position (if applicable)
Robert E. Mills Mr.	

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

Signature _____

Date _____

Printed Name and Title Caroline de Munnick, Manager

Registrant Name The Advocacy GroupClient Name Ohio Northern University**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

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

City

State/Zip

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

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client**ISSUE UPDATE**24. General lobbying issues that **no longer** pertain**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	Own per cent

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

Signature _____

Date _____

Printed Name and Title Caroline de Munnick, Manager

