

200 Cannon Building  
Washington, DC 20515

232 Hart Building  
Washington, DC 20510

# LOBBYING REPORT

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

|                                                                                                                |                                                                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>1. Registrant Name</b> <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Individual |                                                                          |
| Prefix <u>Mr.</u>                                                                                              | First <u>JOHN</u> Last <u>COZAD</u>                                      |
| <b>2. Address</b> <input type="checkbox"/> Check if different than previously reported                         |                                                                          |
| Address1 <u>21550 HIGHWAY 92</u>                                                                               | Address2 _____                                                           |
| City <u>PLATTE CITY</u>                                                                                        | State <u>MO</u> Zip Code <u>64079</u> - Count _____                      |
| <b>3. Principal place of business (if different than line 2)</b>                                               |                                                                          |
| City _____                                                                                                     | State _____ Zip Code _____ - Count _____                                 |
| <b>4a. Contact Name</b>                                                                                        | <b>b. Telephone Number</b> <input type="checkbox"/> International Number |
| <u>Ms. LINDA COZAD</u>                                                                                         | <u>(816) 858-2448</u>                                                    |
| <b>c. E-mail</b> <u>cozadco@aol.com</u>                                                                        |                                                                          |
| <b>5. Senat</b> <u>81555</u>                                                                                   |                                                                          |
| <b>7. Client Name</b> <input type="checkbox"/> Self                                                            | <b>6. Hous</b>                                                           |
| <u>CNS CORPORATION</u>                                                                                         | <u>36318</u>                                                             |

**TYPE OF REPORT** 8. Year 2007 Midyear (January 1-June 30) ☒ 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 Activities ☐

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

| 12. Lobbying                                                                                                                                                                                                                   | 13. Organizations                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:                                                                                                                                                   | <b>EXPENSE</b> relating to lobbying activities for this reporting period were:                          |
| <u>Less than \$10,000</u> <input type="checkbox"/>                                                                                                                                                                             | <u>Less than \$10,000</u> <input type="checkbox"/>                                                      |
| <u>\$10,000 or more</u> <input checked="" type="checkbox"/> \$ <u>40,000.00</u>                                                                                                                                                | <u>\$10,000 or more</u> <input type="checkbox"/> \$ _____                                               |
| 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). | <b>14. REPORTING</b> Check box to indicate accounting method. See instructions for description          |
|                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition:                       |
|                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code |
|                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code  |

Signature ☒ Digitally Signed By: Linda H Cozad Date 08/13  
US, DST Acc Unaffiliated Individual, Linda H Cozad

Printed Name and Title Linda H. Cozad, Vice President



2920600000

Use area code  Agriculture (one per page)

bying issues

ising "down cows" if next Farm bill

f Congress and Federal agencies ☐ Check if None ☒ House ☒ Senate ☒ Other

partment

ch individual who acted as a lobbyist in this issue area

| Name  | Last | Suffix | Covered Official Position (if applicable) | New                      |
|-------|------|--------|-------------------------------------------|--------------------------|
|       |      |        |                                           |                          |
| Cozad |      |        |                                           | <input type="checkbox"/> |
| Cook  |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |
|       |      |        |                                           | <input type="checkbox"/> |

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

and Title Linda H. Cozad, Vice President



IZAD

Client Name

CNS CORPORATION