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LOBBYING REPORT

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

Barnett & Sivon, P	?.C.		
2. Address	reviously reported eet, N.W., Suite 1101		
3. Principal Place of Business (if different from Washington, D.C. City:	om line 2) State/Z	20005 Lip (or Country)	
4. Contact Name James C. Sivon	reiepnone	E-mail (optional)	5. Senate ID # 5448-24
7. Client Name Self ABA Insurance Association		1	6. House ID #
Check if this is a Termination Re	port □ ⇒ Termination	Date1	I. No Lobbyin
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LD-2 (REV. 6/98)

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Registrant Name	Barnett & Sivon, P.C.	Client Name	ABA Insurance Association
engaged in lobbyin	IVITY. Select as many codes g on behalf of the client during lested. Attach additional page	g the reporting peri	flect the general issue areas in which the od. Using a separate page for each coc
15. General issue a	area code <u>BAN</u> (one)	oer page)	
16. Specific lobby	ing issues		
Optio	onal federal regulation of i	nsurance	
	•		· ·
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	ongress and Federal agencies c e of Representatives te	ontacted	☐ Check if None
		.	
18. Name of each	individual who acted as a lobb	yist in this issue ar	ea
Jame	Name S C. Sivon	Vice 1	Covered Official Position (if applicable) President (Attorney)
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Service of the servic			
/ <u></u>			
19. Interest of each	foreign entity in the specific issue	s listed on line 16 ab	ove Check if None

Signature_

Printed Name and Title

James C. Sivon, Vice President and Secretary