

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SEN

02 AUG 19 AM 8:

LOBBYING REPORT

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

| | | | |
|---|-----------------------------|---|-------------------------|
| 1. Registrant Name ALBEN N. HOPKINS | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 2701 24TH AVENUE | | | |
| 3. Principal Place of Business (if different from line 2) City: GULFPORT State/Zip (or Country) MS 39501 | | | |
| 4. Contact Name ALBEN N. HOPKINS | Telephone (228) 864-2200 | E-mail (optional) AHopkins@Hopkins-Law.com | 5. Senate ID 62197 |
| 7. Client Name <input type="checkbox"/> Self EAST CENTRAL HARRISON COUNTY PUBLIC UTILITY DISTRICT | | | 6. House ID # 354300 |

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|--|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$2</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defi</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p> |
|--|--|

Signature



Printed Name and Title ALBEN N. HOPKINS, ATTORNEY

LD-2 (REV. 6/98)

Registrant Name ALBEN N. HOPKINS

Client Name EAST CENTRAL HARRISON COUNTY PUBLI
UTILITY DISTRICT

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

NO LOBBYING ACTIVITY

17. House(s) of Congress and Federal agencies contacted

Check if None

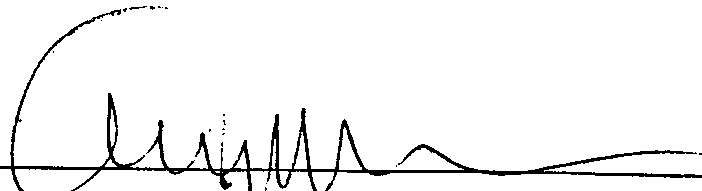
18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-------|---|
| | |
| | |
| | |
| | |
| | |
| | |
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| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature



Date

8-8-02

Printed Name and Title

ALBEN N. HOPKINS ATTORNEY

