

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

LOBBYING REPORT

SECRETARY OF THE
DEPARTMENT OF
AMT

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

| | | | |
|---|----------------------------|---------------------|--------------------|
| 1. Registrant name | | | |
| Prefix | Ms. | First | Elizabeth |
| Last | Lavach dba ELS & Associate | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address 1 208 East Duncan Avenue, #1 | | | |
| City | Alexandria | State | VA |
| Zip Code | 22301 | Country | US |
| 3. Principal place of business (if different than line 2) | | | |
| City | | State | |
| Zip Code | | Country | |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Ms. | Elizabeth Lavach | 703-622-8752 | bethlavach@aol.com |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| KYMA | | | 6. House ID # |

TYPE OF REPORT 8. Year 2006 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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|---|
| <p align="center">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"/> ⇨ \$ _____</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions of</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |
|--|---|

Form C

Printed Name and Title Elizabeth K. Lavach, President

0000260250

Client Name **KYMA**

15. General issue area code DEF - Defense (one per page)

Add page to continue specific issues description for this issue >

| | |
|--------------------------------------|--|
| Appropriation for advanced materials | |
|--------------------------------------|--|

North Carolina Congressional Delegations

[illegible]

Printed Name and Title Elizabeth K. Lavach, President

Registrant Name Elizabeth Lavach dba ELS & AssociateClient Name KYMA**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

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

First Name

Last Name

Suffix

First Name

Last Name

Suf

1

3

2

4

ISSUE UPDATE24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|--|
| | Address | City |
| | C/S/Z | State Country |
| | Address | City |
| | C/S/Z | State |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

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 perce client |
|------|----------------|--|---|------------------------|
| | Street Address | | | |
| | City | State/Province Country | | |
| | | City | | |
| | | State Country | | |

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

1

3

5

2

4

6

Add a page for more up

Printed Name and Title Elizabeth K. Lavach, President

