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City Washington State DC City State/Zip of a. Contact Name Prefix Full Name Mr. Roger France 202-289-9881 france 6 Client Name Self The Livingston Group (for Jacob Tenbroek Memorail Fund) YPE OF REPORT 8. Year 2005 Midyear (January 1- Check if this filing amends a previously filed version of this report 0. Check if this is a Termination Report Termination Date 12. Lobbying Firms	Suite 600 Zip Code 20003 Country US Zip Code 20003 Country US Country c. E-mail 5. Senate ID # 288453-9 6. House ID # 37073004	
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NCOME relative to labbuing activities for this reporting moving		
	13. Organizations EXPENSES relating to lobbying activities for this reporting	
<u>_</u>	were: Less than \$10,000	
\$10,000 or more	\$10,000 or more	
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).	14. REPORTING METHOD. Check box to indicate expeaccounting method. See instructions for description of option	
	Method A. Reporting amounts using LDA definitions or Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code	
	Method C. Reporting amounts under section 162(e) of the Revenue Code	
	Form (
rinted Name and Title Roger France Principal		

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engaged in lobb		ent during the re	ecessary to reflect the general issue areas in which the reporting period. Using a separate page for each code, needed.
15. General issu	e area code	ernment Issues	(one per page)
16. Specific lobb	bying issues		Add page to continue specific Issues description for this issue >
Legislatve Br	ranch Appropriations		
P	Congress and Federal a	gencies contact	ed Check if None
United States	Senate ch individual who acted	as a lobbyist in	this issue area Add a page to continue additing lobbyists for this
United States		as a lobbyist in	this issue area Add a page to continue additing lobbyists for this Covered Official Position (if applicable)
United States 18. Name of each	ch individual who acted Name	·	1
United States 18. Name of each	ch individual who acted Name Last Name	Suffix	Covered Official Position (if applicable)
United States 18. Name of each	ch individual who acted Name Last Name France	Suffix Mr.	Covered Official Position (if applicable)
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