

SECRETARY
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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
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LOBBYING REPORT

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

1. Registrant Name
CRAIG ASSOCIATES

2. Address Check if different than previously reported
2844-28th Street, NW Washington DC

3. Principal Place of Business (if different from line 2)
City: **N/A** State/Zip (or Country)

4. Contact Name PATRICIA J. CRAIG	Telephone (202)466-0001	E-mail (optional)	5. Senate ID # 1127-
7. Client Name <input type="checkbox"/> Self COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIF.	6. House ID # 312		

TYPE OF REPORT 8. Year 2004 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 A

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> 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 N/A</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature *Patricia J. Craig* **8/11**

Printed Name and Title **PATRICIA J. CRAIG, PRESIDENT**

Registrant Name CRAIG ASSOCIATES Client Name COUNTY WELFARE DIR
ASSOC. OF CALI

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

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

16. Specific lobbying issues

TANF REAUTHORIZATION
CHILD WELFARE/FOSTER CARE
BUDGET/APPROPRIATIONS

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

Check if None

HOUSE
SENATE
HHS

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

Name	Covered Official Position (if applicable)
<u>PATRICIA CRAIG</u>	

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

Check if None

Signature *Patricia J. Craig* Date 8/12/04
Printed Name and Title PATRICIA J. CRAIG, PRESIDENT

Registrant Name CRAIG ASSOCIATES Client Name COUNTY WELFARE DIR
ASSOC. OF CALI

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

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

16. Specific lobbying issues
BUDGET/APPROPRIATIONS

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE
SENATE
HHS

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

Name	Covered Official Position (if applicable)
<u>PATRICIA CRAIG</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Patricia Craig* Date 8/12/04
Printed Name and Title PATRICIA J. CRAIG, PRESIDENT

Registrant Name CRAIG ASSOCIATES Client Name COUNTY WELFARE DIR ASSOC. OF CALI

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

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

16. Specific lobbying issues

NONE DURING PERIOD

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)
PATRICIA CRAIG	

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

Check if None

Signature *Patricia Craig* Date 8/12/04
Printed Name and Title PATRICIA J. CRAIG, PRESIDENT

Registrant Name CRAIG ASSOCIATES Client Name COUNTY WELFARE DIRECT ASSOC OF CALIF

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

N/A

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
		N/A

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

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	Owner client
		N/A		

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

N/A

Signature *Patricia J. Craig* Date 8/12/04

Printed Name and Title PATRICIA J. CRAIG, PRESIDENT

