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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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SECRETARY OF THE SENATE

07 NOV -5 PM 2:37

LOBBYING REPORT

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

| | | | |
|---|-----------------------------|---------------------|---------------------------------|
| 1. Registrant name | | | |
| Organization | Campaign For Youth Justice | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address1 | 1012 14th St, NW, Suite 610 | | |
| City | Washington | State | DC |
| Zip Code | 20005 | Country | U |
| 3. Principal place of business (if different than line 2) | | | |
| City | State | Zip Code | Country |
| City | State/Zip or Country | | |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Ms. | Elizabeth P. Ryan | 202-558-3580 | lryan@campaign4youthjustice.org |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 5. Senate ID # |
| Campaign For Youth Justice | | | 6. House ID # |

TYPE OF REPORT 8. Year 2007 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 Act

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 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 period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</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) of Revenue Code</p> |
|---|---|

Form

000100370

Printed Name and Title Elizabeth P. Ryan

Go to

Registrant Name Campaign For Youth Justice Client Name Campaign For Youth Justice

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 UPDATE

23. 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

1

3

2

4

ISSUE UPDATE

24. 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 per centage |
|------|----------------|--|---|-----------------------|
| | Street Address | City | | |
| | City | | | |
| | State/Province | State | | |
| | Country | Country | | |

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title Elizabeth P. Ryan

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