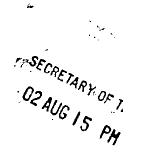
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

		•		
Registrant Name				
Craig Associates	\$45 ROH RE 4 WE LEE FRONT TO TOO DVG.	and the same same		
2. Address	previously reported			
1001 Connecticut Ave. NW S	ite 507			
Principal Place of Business (if different	from line 2)			- a a a de a de la de
City: Washington	State/Z	ip (or Country)	DC 20036	
4. Contact Name	Telephone		E-mail (optional)	5. Senate ID#
Patricia Craig	(202) 466-0001			32784
7. Client Name Self				6. House ID#
San Bernardino County, CA				327840
10. Check if this is a Termination INCOME OR EXPEN	the second secon	in the last		11. No Lobbying
12. Lobbyin	g Firms		13. Organ	izations -
INCOME relating to lobbying ac period was:	tivities for this reporting	EXPENSES period were:	relating to lobbying	$f = f G^{\alpha} f$
Less than \$10,000		Less than \$1	0,000 🚨	
\$10,000 or more \$20,000.00		\$10,000 or more		
\$10,000 or more \(\textsquare{1} \ \Rightarrow \\ \textsquare{1} \ \Rightarrow \\ \textsquare{2} \ \Rightarrow \\ \textsquare	Income (nearest \$20,000)	14 REPOR	RTING METHOD. (Expenses (nearest \$20,000 Theck box to indicate :
Provide a good faith estimate, rounded to the nearest \$20,000,		accounting method. See instructions for description of		
, , ,	of all lobbying related income from the client (including all		A. Reporting amoun	=
payments to the registrant by any other entity for lobbying activities on behalf of the client).		☐ Method	B. Reporting amoun	
	and a definition for transformation observed by the second of the second	Method	C. Reporting amour	
Signature Atr		1		
	Patricia (Craig, Preside	ent .	· · · ·
Printed Name and Title	V Faulula C	zialy, rieslut	71 1L	* * * * * * * * * * * * * * * * * * * *

LD-2 (REV. 6/98)

Regi	strant Name	Craig Associates	Client Name	San Bemardino County, CA
eng: info	aged in lobbying	on behalf of the client dur sted. Attach additional pa	ing the reporting period	ect the general issue areas in which the reg d. Using a separate page for each code, p
13.	Ceneral issue at	(on	o por page,	
16.	Specific lobbyir	ig issues		
	Older Americans Veterans Benefits Public Health Em Foster Care Reim Workforce Investi	and Stable Families Act Act Programs ergency Preparedness abursement - policy change	enalty, Head Start	
	House(s) of Co	ngress and Federal agencie	is contacted	Check if None
18	House Senate HHS USDA	ndividual who acted as a lo	obbyist in this issue are	ra.
		Name		Covered Official Position (if applicable)
0	Daria Daniel			
 F	Patricia Craig		(2000) 1000 (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000)	H = 1 = 1 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0
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4.000			,	
19	Interest of each	foreign entity in the specific i	ssues listed on line 16 ab	ove Check if None
Si	gnature <i>H</i>	strice	Mary	Date 8/07/07
P	rinted Name and T	itle Patricia Craig, Presiden	ıt .	

Form LD-2 (Rev.6/98)

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	Regi	strant Name	Craig Associates	Client Name	San Bernardino County, CA			
	enga	aged in lobbying		ing the reporting period	ect the general issue areas in which the re- i. Using a separate page for each code,			
	15.	General issue ar	rea code WEL (on	e per page)				
	16.	Specific lobbyir	_					
		TANF Reauthorization, Child care/ Child support/ Work requirements/ Sanctions Food Stamps and penalty (Title III, Farm Bill) Social Services Block Grant Benefits for Legal Immigrants Preserving Safe and Stable Families Foster care - licensing relatives regulations Foster care IV-E reimbursement						
	11.	7. House(s) of Congress and Federal agencies contacted						
		House Senate HHS USDA						
	10	N	- 1:-: 111	Albaira in all in income				
	10.	Name of each f	ndividual who acted as a lo	oogist iii uus issue are				
	m)aria Daniel	Name		Covered Official Position (if applicable)			
		Patricia Craig	**********		.00000777000000000000000000000000000000			

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	19	. Interest of each i	foreign entity in the specific is	ssues listed on line 16 abo	ove Check if None			
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	•	gnature	itle Patricia Craig, President	the	Date Of Of O			

Form LD-2 (Rev.6/98)

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R	legistra	nt Name	Craig Associates	Client Name	San Bernardino County, CA
е	ngaged	l in lobbying		ng the reporting period	ct the general issue areas in which the re i. Using a separate page for each code,
1	15. Ger	neral issue ar	ea code VET (one	e per page)	
1	16. <u>Spe</u>	cific lobbyin	g issues		
	He	alth care and o	ther benefits		
	L				
	17. Ho	use(s) of Cor	gress and Federal agencies	contacted	Check if None
	18. Na	me of each ii	ndividual who acted as a lo	bbyist in this issue area	1
	Dono	Daniel	Name		Covered Official Position (if applicable)
		ia Craig	del minimar describerarias		
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	19. Int	terest of each f	oreign entity in the specific is:	I sues listed on line 16 abo	ve 🖸 Check if None
	Signati	ure	tariled	Muy	Date 8/07/02
	Printed	l Name and Ti	le Patricia Craig, President	<i></i>	ι (

egistrant Name	Craig Associates	Client Name	San beina	rdino County, CA
nformation Upd	ate Page - Complete ON	LY where registration in	formation has ch	anged.
20. Client new address				
###P##################################		удаллайшин үүүлийг үүрүйн айсайсайсайсайсай		1929-24-44
21. Client new principal p	lace of business (if different from 1	ine 20)		
City		State/Zip (or Country)	•	.00000000
22. New general descripti	ion of client's business or activities			
LOBBYIST UPDA 23. Name of each pro	ATE eviously reported individual	who is no longer expected	to act as a lobbyi	st for the client
ISSUE UPDATE	•	shat wa lawaan watain		
24. General lobbyin	g issues previously reported	mat no longer pertain		
				
AFFILIATED OR 25. Add the following	GANIZATIONS ng affiliated organization(s)			
Na	sine	Address		Principal Place (city and state
, ng nàu s nhà đã điể		uri 66000.) , , , , , , , , , , , , , , , , , , , 	
			,/9	
26. Name of each p	neviously reported organizat	ion that is no longer affilia	ted with the regis	trant or client
26. Name of each p	reviously reported organizat	ion that is no longer affilia	ted with the regis	trant or client
FOREIGN ENTIT	TES	ion that is no longe r affilia	ted with the regis	trant or client
FOREIGN ENTIT 27. Add the following	TES ng foreign entities			Trant or client
FOREIGN ENTIT	TES	SS Principa	place of business	a
FOREIGN ENTIT 27. Add the following	TES ng foreign entities	SS Principa	place of business	Amount of contribe
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FOREIGN ENTIT 27. Add the followin Name 28. Name of each p	ng foreign entities Addre	SS Principa (city and	place of business i state or country)	Amount of contribe

Form LD-2 (Rev. 6/98)

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