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LOBBYING REPORT

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


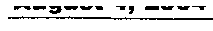
1. Registrant Name The C. L. A. Group, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 77931			
3. Principal Place of Business (if different from line 2) Washington DC 20013 City: State/zip (or Country)			
4. Contact Name Laurence Soggi	Telephone (703) 780-1846	E-mail (optional) laurence@theclagroup.com	5. Senate ID # 47622-176
7. Client Name <input type="checkbox"/> Self National Italian American Business Assn			6. House ID # 34425008

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations
<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"/> ⇨ \$ _____ 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>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 exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio:</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature  Date 

Printed Name and Title _____ Laurene Socci, Chief Executive Manager

Registrant Name The C. L. A. Group, LLC Client Name National Italian American Business Assn

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

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

16. Specific lobbying issues

Issues relating to the procurement of various business services by the federal government.

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Laurence Socci	

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

Signature *Laurence Socci* Date Aug. 4, 2004

Printed Name and Title

Laurence Sover, Chief Executive Manager

Form LD-2 (Rev. 4/03)

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