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LOBBYING REPORT

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

1. Registrant name	
Prefix Ms.	First Kathy Last Teigland
2. Address <input type="checkbox"/> Check if different than previously reported	
Address1 3430 Cheltenham Road	
City Toledo	State OH Zip Code 43606 Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name	
Prefix Ms.	Full Name Kathy Teigland
b. Telephone number 419-292-1525	
c. E-mail kathyt3@msn.com	
5. Senate ID # 3656200	
7. Client Name <input type="checkbox"/> Self	
Northwest Ohio Legislative Consortium	
6. House ID # 3656200	

TYPE OF REPORT 8. Year 2005 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 Acti

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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></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 were:</p> <p>Less than \$10,000 <input 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 opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions o</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Kathy Teigland, Community & Government Relations

Kathy Teigland July 1, 2005

Handwritten signature

Registrant Name Kathy Teigland Client Name Northwest Ohio Legislative Consortiu

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 Su

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City 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	Ow perc clie
	Street Address City State/Province Country	City State 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 i

Printed Name and Title Kathy Teigland, Community & Government Relations

Kathy Teigland July 1, 2005

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