

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 REPC

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

1. Registrant Name Organization Individual

Prefix Ms. First Elizabeth Last Powell

2. Address Check if different than previously reported

Address1 11000 Cedar Avenue Suite 100 Address2

City Cleveland State OH Zip Code 44106 - Cou

3. Principal place of business (if different than line 2)

City _____ State _____ Zip Code _____ - Cou

| | | | |
|------------------------------|--|-----------------------------------|---------------|
| 4a. Contact Name | b. Telephone Number | c. E-mail | 5. Sen |
| <u>Ms. Elizabeth Goodwin</u> | <input type="checkbox"/> International Number <u>(216) 658-3995</u> | <u>Lgoodwin@G2Gconsulting.com</u> | <u>3115</u> |

| | | |
|---|-------------------------------|---------------|
| 7. Client Name | <input type="checkbox"/> Self | 6. Hou |
| <u>ENTREPRENEURIAL DEVELOPMENT CENTER</u> | | <u>3586</u> |

TYPE OF REPORT 8. Year 2006 Midyear (January1-June30) Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report Termination Date 10/06/2006

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|---|
| <p>12. Lobbying</p> <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"/> \$ _____</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</p> <p>EXPENSE relating to lobbying activities for this were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____</p> <p>14. REPORTING Check box to indicate accounting method. See instructions for descriptive</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6032 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1621 Revenue Code</p> |
|---|---|

Signature [Signature] Date [Date]

1000102127

Printed Name and Title Elizabeth Powell

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