

SECRETAR
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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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LOBBYING REPORT

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

1. Registrant name	
Organization	Coalition for Comprehensive Immigration Reform
2. Address <input type="checkbox"/> Check if different than previously reported	
Address1	1125 17th St. NW FL 5
City	Washington State DC Zip Code 20036 Country US
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
Prefix Full Name	c. E-mail
Ms. Sarah Warren	202-661-3686 swarren@cirnow.org
5. Senate ID #	298318-1
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
Coalition for Comprehensive Immigration Reform	3761300

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 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 appropriate accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions of lobbying</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(c) of Internal Revenue Code</p>

Form C

Printed Name and Title Sarah Warren

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Registrant Name Coalition for Comprehensive Immigration Client Name Coalition for Comprehensive Immigr

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 IMM - Immigration (one per page)

16. Specific lobbying issues

Secure America and Orderly Immigration Act (H.R.2330/S.1033), all provisions relating to comprehensive immigration reform

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

Senate
House of Representatives

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

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Cory	Smith		

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

The Atlantic Philanthropies
Sterling House 16 Wesley Street
Hamilton HM GX BERMUDA

Interested in the passage of Secure America and Orderly Immigration Act (H.R.2330/S.1033)

Printed Name and Title Sarah Warren

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Registrant Name Coalition for Comprehensive Immigration F Client Name Coalition for Comprehensive Immigr

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

S

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	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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow per clie
	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

Printed Name and Title Sarah Warren

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