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LOBBYING REPORT

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

1. Registrant Name Precision Metalforming Association			
2. Address <input type="checkbox"/> Check if different than previously reported 6363 Oak Tree Blvd., Independence, OH 44131			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Christie Carnigiano	Telephone 216-901-8800	E-mail (optional) ccarnigiano@pma.org	5. Senat 32
7. Client Name <input checked="" type="checkbox"/> Self			6. House 32

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July

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

10. Check if this is a Termination Report ⇨ Termination Date June 20, 2005 11. No L

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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"/> ⇨ \$ _____ 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses</p> <p>14. REPORTING METHOD. Check box to accounting method. See instructions for descri</p> <p><input type="checkbox"/> Method A. Reporting amounts using LD/</p> <p><input type="checkbox"/> Method B. Reporting amounts under sec Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sec Internal Revenue Code</p>
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Signature Christie Carmigiano

Printed Name and Title Christie Carmigiano, Government Affairs Manager

LD-2 (REV. 6/98)

Registrant Name Precision Metalforming Assn Client Name Self

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

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

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)
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.....
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Christie Carmigiano

7-20-11

Printed Name and Title Christie Carmigiano, Government Affairs Manager

Date 4-7-05

Form LD-2 (Rev.6/98)

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