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LOBBYING REPORT

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

1. Registrant Name <u>Pamela Ray-Strunk</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4805 N. 20th Place</u>			
3. Principal Place of Business (if different from line 2) City: <u>Arlington</u> State/Zip (or Country) <u>VA</u>			
4. Contact Name <u>(same)</u>	Telephone <u>703-522-8278</u>	E-mail (optional)	5. Senate ID # <u>43172-</u>
7. Client Name <input type="checkbox"/> Self <u>Suffolk County, New York</u>			6. House ID # <u>33667c</u>

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR 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 _____ 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 20,000
Income (nearest \$20,000)

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).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definiti

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162c Internal Revenue Code

Signature _____

Printed Name and Title _____



Registrant Name Pamela Ray-Strunk Client Name Suffolk County, N.Y.

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 MMM (one per page)

16. Specific lobbying issues

Medicare + Choice Program

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

Check if None

House + Senate

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

Name	Covered Official Position (if applicable)
<u>Pamela Ray-Strunk</u>	/

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____



Registrant Name Pamela Ray-Strunk Client Name Suffolk County, NY

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 ECN (one per page)

16. Specific lobbying issues
Economic Development - CDBG (FY2001)

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

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

Name	Covered Official Position (if applicable)
<u>Pamela Ray-Strunk</u>	

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

Signature Pamela Ray-Strunk Date 8/23/01

Printed Name and Title Pamela Ray-Strunk, Proprietor

