Clerk of the Hoose 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



VECKETARY OF THE SENATE

LOBBYING REPORT

00 FEB !! PN 3: ||

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

H.O.

Registrant Name Dorothy L. Strunk			
Registram Address Check if different than previously reported Address 12612 Tartan Lune City Ft. Washington State/Zip (or Country)	MD 20744 USA		
Principal Place of Business (if different from line 2)			
City Smte/Zip (or Country)			
4. Contact Natic Telephone E-nes Derotty Strunk	if (optional) 5 Senate II) #		
7. Client Name [] Self United Parcel Service	6. House ID #		
0. Check if this is a Termination Report □ >> Termination INCOME OR EXPENSES - Complete Either			
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:		
Less than \$10,000 []]	Less than \$10,000 []		
0,000 or more >> \$ \$20,000.00 Income (meaners \$20,000)	\$10,000 or more		
\$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity	Method A. Reporting amounts using LDA definitions only		
lobbying activities on behalf of the client).	() Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code		
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code		
igaature	Date 2/11/90		
rinted Name and Title Dorothy Strunk - Consultant	Page 1 of 3		

	istrant Name:	Dorothy L. Strunk		
Clie	nt Name:	United Parcel Service		
enge	aged in lobbyin		r to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide l.	
15.		area code <u>AVI</u> (one per page) ying issues		,
17.	House(s) of C House of Rep Scnate	ongress and Federal agencies contacted resentatives	☐ Check if None	
18.	Name of week			
	Name Name	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)	New
.,,,,,,,,				New No
	Name			
	Name Strunk, Doro			
	Name Strunk, Doro			
	Name Strunk, Doro			
	Name Strunk, Doro	h foreign entity in the specific issues listed	Covered Official Position (if applicable) f on line to above **Check if None	No
Sign	Name Strunk, Doro	thy	f on line to above **Check if None **Date 2/11/00	No

Registrant Name:	Dorothy L. Strunk		
Client Name:	United Pareel Service		
engaged in lobbyji	IVITY. Select as many codes as necessar g on behalf of the client during the repor- rested. Attach additional page(s) as neeth	ry to reflect the general issue areas in which the registrant ting period. Using a separate page for each code, provide ed.	
15. General issue16. Specific Lobb	area code LBR (one per page		
17. House(s) of C House of Re	iongress and Federal agencies contacted resentatives	Check if Nonc	
 Name of each Name 	individual who acted as a lobbyist in thi	s issue area Covered Official Position (if applicable)	New
Strank, Dord	1hy		No
Strenk, Don	1hy		No
Strenk, Doro	thy		No
	h foreign entity in the specific issues list	ed on line 16 above X Check if None	No
19. Interest of ear	h foreign entity in the specific issues list		
19. Interest of each	h foreign entity in the specific issues list	ed on line 16 above X Check if None Date 2/11/00 Page	