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05 FEB 22 AM 10:10
LOBBYING REPORT

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

1. Registrant name Organization <u>AFSCME Council 26</u>			
2. Address <input type="checkbox"/> Check if different than previously reported Address <u>729 15th Street N.W. 7th Floor</u> City <u>Washington, D.C.</u> State <u>DC</u> Zip Code <u>20005</u> Country <u>US</u>			
3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____			
4a. Contact Name Prefix Full Name <u>Mr. Carl Goldman</u>		b. Telephone number <u>202-393-5757</u>	c. E-mail
7. Client Name <input type="checkbox"/> Self <u>AFSCME Council 26</u>			5. Senate ID # <u>61857-2</u>
			6. House ID # <u>35583000</u>

TYPE OF REPORT 8. Year 2004 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 exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Carl Goldman, Executive Director

Registrant Name AFSCME Council 26 Client Name AFSCME Council 26

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 GOV (one per page)

16. Specific lobbying issues

Federal Employee Labor Issues

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

House of Representatives
U.S. Senate

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	
<u>DONALD</u>	<u>MADDREY</u>		

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

Printed Name and Title Carl Goldman, Executive Director

Registrant Name AFSCME Council 26 Client Name AFSCME Council 26

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 county)
	Address C/S/Z	City State Country
	Address C/S/Z	City 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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Or pe cli
	Street Address 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

Printed Name and Title Carl Goldman, Executive Director

