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05 FEB 15 PM 10: 54

LOBBYING REPORT

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

| | | | |
|---|----------------------------------|---------------------|-----------------|
| 1. Registrant name | | | |
| Organization | Squire, Sanders & Dempsey L.L.P. | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| 1201 Pennsylvania Avenue, N.W. | | P.O. Box 407 | |
| City | Washington | State | DC |
| Zip Code | 20004-0407 | Country | US |
| 3. Principal place of business (if different than line 2) | | | |
| City | Cleveland | State | OH |
| Zip Code | 44144 | Country | US |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | Marshall S. Sinick | (202) 626-6651 | msinick@ssd.com |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| Central State University | | | 6. House ID # |
| | | | 35128 |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 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 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> | \$10,000 or more <input type="checkbox"/> ⇨ \$ <u> </u> |
| 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). | 14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definitions |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code |

Form C

Printed Name and Title Marshall S. Sinick, Esq., Partner

Marshall S. Sinick

Registrant Name Squire, Sanders & Dempsey L.L.P. Client Name Central State University

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 BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Obtain funding for specific automated training program at Central State University.

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

U.S. House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|--|
| Louis | Stokes | | Former Member, U.S. House of Representatives |
| | | | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title Marshall S. Sinick, Esq., Partner

Marshall S. Sinick

LD-2DS (REV. 4/03)

Page 2

Registrant Name Squire, Sanders & Dempsey L.L.P. Client Name Central State University

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

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

