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LOBBYING REPORT

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

Registrant Name The Dutko Group Companies, Inc	
Registrant Address Check if different than previously reported Address 412 First Street SE Suite 100 City Washington State/Zip (or Country) D	C 20003
Principal Place of Business (if different from line 2) City State/Zip (or Country)	
Contact Name Telephone E-mail Stephen Brown	(optional) 5. Senate ID: 12868-441
7. Client Name	6. House ID 32229273
TIE OF RELIGIONS	January 1-June 30) \square OR Year End (July 1-J $_{ m S}$ s report \square
Check if this filing amends a previously filed version of thi O. Check if this is a Termination Report >> Termination	s report 1 Date 12/30/2004 11. No Lob
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Legistrant-Name:	The Dutko Group Companies, Inc	
Client Name:	Olsson, Frank & Weeda PC	
ngaged in lobbyi	TIVITY. Select as many codes as necessary ting on behalf of the client during the reporting quested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
	e area code <u>CSP</u> (one per page)	
6. Specific Lob Lobby to ha	obying issues ave the dietary benefit of salmon recognize	d.
Departmer Food & Dr	Congress and Federal agencies contacted not of Health & Human Services rug Administration tepresentatives	□ Check if None
18. Name of ea	ach individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)
Card, A. I	3radiord	
19. Interest of	f each foreign entity in the specific issues liste	ed on line 16 above M Check if None
O		Date
Signature		Date 2/14/2005

Printed Name and Title Mark Irion - Chief Executive Officer

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egistrant Name: The Dutko Group Companies, Inc	
lient Name: Olsson, Frank & Weeda PC	
ngaged in lobbying on behalf of the client during the reporting formation as requested. Attach additional page(s) as needed 5. General issue area code HCR (one per page) 6. Specific Lobbying issues Lobby to have the dietary benefit of salmon recognizes	ng period. Using a separate page for each code, provide
	☐ Check if None
17. House(s) of Congress and Federal agencies contacted Department of Health & Human Services Food & Drug Administration House of Representatives Senate	Check if None
18. Name of each individual who acted as a lobbyist in thi	s issue area Covered Official Position (if applicable)
Name	Covered Official Logition (in approximate)
Card, A. Bradford	
19. Interest of each foreign entity in the specific issues list	sted on line 16 above 🛮 🗷 Check if None
	Date <u>2/14/2005</u>
Signature	Dota 4/14/4003

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