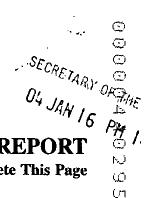
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senaté Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All File	rs Are Required to Complete This Page 💢		
1. Registrant Name Connecticut STATE	University System		
2. Address			
39 WOODLAND St.			
3. Principal Place of Business (If different from line 2)			
City: HART FORD State/zip	(or Country) CT 06105		
I. Contact Name Telephone	E-mail (optional) 5. Senate ID #		
Lisa Phillips 202-48	35028000		
7. Client Name O Self	6. House ID #		
INCOME OR EXPENSES - Complete Either 12. Lobbying Firms	er Line 12 OR Line 13 13. Organizations		
v <u>-</u>	_		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporti period were:		
Less than \$10,000 🔾	Less than \$10,000 🗖		
\$10,000 or more \(\square\) \(\square\)	\$10,000 or more		
income (nearest \$20,000)	Expenses (nearest \$20,000)		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt		
payments to the registrant by any other entity for lobbying	☐ Method A. Reporting amounts using LDA definitio		
activities on behalf of the client).	Method B. Reporting amounts under section 6033(b Internal Revenue Code		
	Method C. Reporting amounts under section 162(e) Internal Revenue Code		
Signature Ligu Phi llyr	Date 10-15-03		
Signature	Date		

Printed Name and Title LISH THILLIPS ASST OFFICEN FOR GOUT NE

LD-2 (REV. 4/03) PAGE 1 of _

Lisi	A Phillips	Citiza Mana		,	© ©
ogiodani i tanio di di	•	Client Name			<u> </u>
nformation Update	Page - Complete ONL	Y where registration	n information	has changed.	
20. Client new address					al ©
	of business (if different from lin	 - 20\	***************************************		
	•		aintes)		(D)
City 22. New general description of	client's business or activites			<u></u>	
LOBBYIST UPDATE 23. Name of each previous LISA Ph GAIL G	ısly reported individual w	no is no longer exp	ected to act as a	a lobbyist for th	he client
AFFILIATED ORGA		nt no longer pertain			
25. Add the following affiliated organization(s) Name					ace of Bu
26. Name of each previous Connecticut S Timecr El	isly reported organization tate University nployees L	that is no longer at will no is a Philli	filiated with the longer	e registrant or observations of the second s	client ufed GA1b
27. Add the following for	reign entities				
Name	Address		ace of business atc or country)	Amount of cont for lobbying ac	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************		
affiliated organization	reported foreign entity that	no longer owns, <u>or</u> co	ntrols, <u>or</u> is affil	Liated with the re	egistrant,
Signature USA	Phillips /A.	ssr Officer for	Date -	OCT 1	4,20
Printed Name and Title	ish Phillips / A.	Ser Office Con	(tovernm	evit A.Ga	کم'

Page A....

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1:00 Ph 1/20	(i) (ii)
Registrant Name Lisa Phillips Client I	Name (a)
LOBBYING ACTIVITY. Select as many codes as neces	sary to reflect the general issue areas in which the
engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed	
15. General issue area code <u>EDU</u> (one per page)	NJ
13. General Issue area code (one per page)	ω ~4
16. Specific lobbying issues	·
early childhood education	
·	·
	•
	÷ ,
	· ·
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
US House Senate	
US Senara	
18. Name of each individual who acted as a lobbyist in this is	ssue area
	· · · · · · · · · · · · · · · · · · ·
Name	Covered Official Position (if applicable)
L'on Phillips	
Gail Garber	
·	. (
10. The same of such fraction autity in the angelfic issues listed grant	ling 16 above
19. Interest of each foreign entity in the specific issues listed on	line 16 above Check if None
, .	
Ixa Phill	17 -15 - 03
Signature	ASST Officer For Gov't Re
Printed Name and Title	
1 mily " 42004000 4004 4570 5701 141450	

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