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2/08/06  
 DATE

Clerk of the House 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
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## LOBBYING REPORT

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

1. Registrant name			
Organization		Nueva Vista Group, LLC	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		1801 K Street, NW	
City		Washington	State DC
Zip Code		1000L	20006
Country		USA	
3. Principal place of business (if different than line 2)			
City		State	Zip Code
City		State/Zip or Country	Country
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
MS,	Stacyann White	202-530-0175	
		stacyann.white@nuevavistagroup.com	
5. Senate ID #		76833-19	
7. Client Name		6. House ID #	
<input type="checkbox"/> Self		35960009	
National HEP/CAMP Association			

TYPE OF REPORT 8. Year 2005 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 Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b>  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</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).	<b>13. Organizations</b>  EXPENSES relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇒ \$ _____  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Form C

Printed Name and Title Stacyann White, Office Assistant

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Registrant Name Nueva Vista Group, LLCClient Name National HEP/CAMP Association

**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 code 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

FY 06 appropriations process, reauthorization of Higher Education Act.

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

United States House of Representatives/ United States Senate

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
María	Eshaveste		Principal
Irene	Bueno		Principal
Andrea	LaRue		Principal
Patricia	Griffin		Senior Associate

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

Add a page for a different

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Registrant Name Nueva Vista Group, LLCClient Name National HEP/CAMP Association**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

Suffix

1

3

2

4

**ISSUE UPDATE****24. General lobbying issues that no longer pertain**

Find the code to select below.

**AFFILIATED ORGANIZATIONS****25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percent
	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, client, or affiliated organization**

1

3

5

2

4

6

Add a page for more up

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