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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

LOBBYING REPORT

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

1. Registrant name
Prefix **Mr.** First **Daniel** Last **Puzon**

2. Address Check if different than previously reported
Address1 **101 Warburton Oaks Drive**
City **Fort Washington** State **MD** Zip Code **20744** Country **US**

3. Principal place of business (if different than line 2)
City _____ State _____ Zip Code _____ Country _____

4a. Contact Name Prefix Full Name Mr. Daniel I Puzon	b. Telephone number 301-203-0866	c. E-mail ipuzon@comcast.net	5. Senate ID # 71473-36
7. Client Name <input type="checkbox"/> Self Naval Reserve Association			6. House ID # 3599100

TYPE OF REPORT 8. Year 2006 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>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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate appropriate accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions and Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(6) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Printed Name and Title **Daniel I Puzon, President, D.I. Puzon and Associates, LLC**

Filing #d38487f9-5f8a-4454-8f68-2529c8e472f1 - Page 1 of 6

Form



1 U

Registrant Name Daniel Puzon Client Name Naval Reserve Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 DEF - Defense (one per page)

16. Specific lobbying issues

Pay/Benefits, RPN, Health Care, Vets Benefits, Force Structure, Homeland Security, End Strength Reserve Equipment, Reserve Budget

17. House(s) of Congress and Federal agencies contacted None House Senate Other

US Senate
US House of Representatives
DoD
DoN

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Daniel	Puzon	Mr.	

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

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Registrant Name Daniel Puzon Client Name Naval Reserve 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

Suff

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 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	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	Owns perce client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c affiliated organization

1

3

5

2

4

6

Printed Name and Title Daniel I Puzon, President, D.I. Puzon and Associates, LLC

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