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LOBBYING REPORT

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

1. Registrant Name MICHAEL S. GREVE			
2. Address <input type="checkbox"/> Check if different than previously reported		7612 ADMIRAL DRIVE ALEXANDRIA, VA 22308	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name	Telephone (703) 765-4873	E-mail (optional) mgreve@ari.org	5. Senate ID # 72213-12
7. Client Name <input type="checkbox"/> Self	6. House ID #		
CIRCLE LINE - STATUE OF LIBERTY FERRY			

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

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>

Signature

Michael S. Greve

Printed Name and Title ^v MICHAEL S. GREVE _____

LD-2 (REV. 6/98)

Registrant Name MICHAEL S. GREVE Client Name CIRCLE LINE - STATUE OF L

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 TOU/MAR (one per page)

16. Specific lobbying issues

RESTORING FULL PUBLIC ACCESS TO
STATUE OF LIBERTY

17. House(s) of Congress and Federal agencies contacted

Check if None

NATIONAL PARK SERVICE
DEPT OF THE INTERIOR

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

Name	Covered Official Position (if applicable)
MICHAEL S. GREVE	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Michael S. Greve

Date 1/14/05

Printed Name and Title MICHAEL S. GREVE

Form LD-2 (Rev. 6/98)

Page