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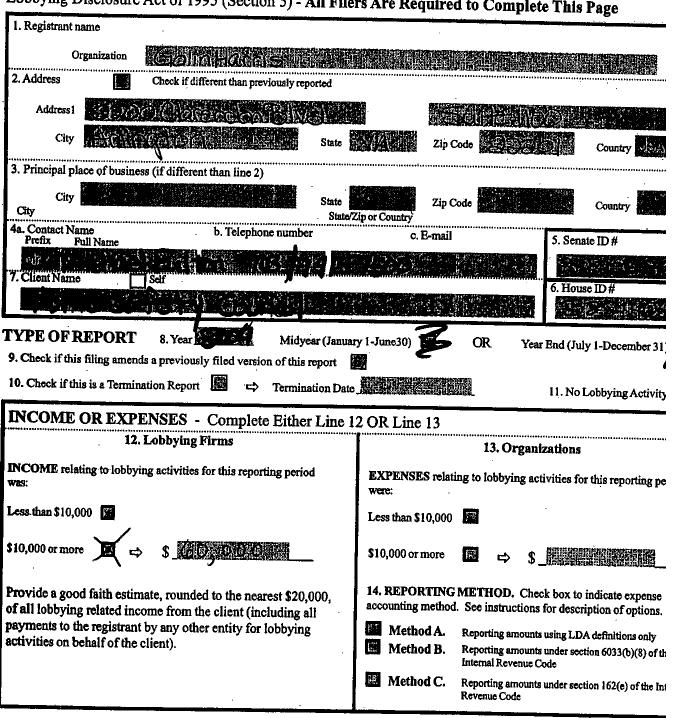
Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REPORT

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



Form Compl

LD-2DS (Rev. 4/03)

C-Michael Futtor 2/14/05

Page _1__ of_

Registrant Name Golinhams Home Sasety Can Client Name ___ LOBBYING ACTIVY. 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. Hing a separate page for eah ode, information as requested. Attach additional page(s) as needed. 15. General issue area code (one per page) 16. Specific lobbying issues Add page to continue specific issues description for this issue 17. House(s) of Congress and Ederal agencies contacted heck if None 18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue additing lobbyists for the Name Covered Official Position (if applicable) First Name Last Name Suffix 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a different

Printed Name and Title

LD-2DS (REVA/03)

1 - Michael Julton 2/14/05

Page 2_0

Registrant Name _ Cool	inHarr	is		Client	Name H		= Saf	ty C	DUY
Information plate Page - Complete ONLY here registration information has hanged.									
20. Client new address Address								8	-
City 9s.		Pal							Para
21. Client new principal	place of bus	iness (if diffe	erent than li	State		Zip Code		Count	гу 🔣
**************************************				State 5.6	7 Table 1	ip Code		Count	
22. New general descrip	***********	******************	activities			ap Code		Count	ry P
u Alexandre alle aller en									
LOBBYIST PDATE									
23. Name of each prev	iously repor	ted individ	ual who is	no longer	expected First Name	to act a	is a lobbyi: Last Naz		ient
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24. General lobbying is	ssues that n o	longer per	rtain			OFFICE PROPERTY.			
								en de	
AFFILIATED ORGANIZTIONS									
25. Add the following affiliated organization(s)									
Name '		Address					Principal place of Business (city and state or country)		
		Address					City		
		C/S/Z Address					State State	Coun	by
		C/S/Z			December 1		City State		
26. Name of each previ	ously report	ed organizt	ion that is	no longer	affiliated	with t	he registra	nt or client	
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FOREIGN ENTITU	-								
27. Add the following for Name	oreign entiti	······································				ı			,
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				City					
				State State	Country		TO SUB- THE DESCRIPTION OF THE PARTY OF THE		
28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, clie affiliated organization									
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						:485i			
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LD-2DS (REW03)

LD-2DS (REWO3) (Michael Julton 2/14/05
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