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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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SECRETARY OF THE SUMAN.

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## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All File	ers Are Required to Complete This Page
1. Registrant name	1
Organization  2. Address  Check if different than previously reported	
Address 1 Address 1	
City State	Zip Code Country U.S.
3. Principal place of business (if different than line 2)	
City State State	Zip Code Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#
7. Client Name Seff	and an analysis and a state of the state of
	6. House ID#
TYPE OF REPORT 8. Year Midyear (Janua	ary 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	e 11. No Lobbying Activity
INCOME OR EXPENSES - Complete Either Line 1	12 OR Line 13
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting periwere:
Less than \$10,000	Less than \$10,000
\$10,000 or more  \$ \$ \$ \$	\$10,000 or more
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 expense accounting method. See instructions for description of options.
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only  Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	Method C. Reporting amounts under section 162(e) of the Inter Revenue Code

Form Complet

LD-2DS (Rev. 4/03)

C-Nichael Gutton 2/14/05
Page 1 of 3

Page <u>1</u> of <u>3</u>

Registrant Name Golinhams Client Name HOLY Cross HC LOBBYING ACTIVIY. 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 this 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 is

LD-2DS (REV4/03)

Printed Name and Title Character House to Page 2 of.

LD-2DS (REW/03)

C. Michael Fulton 2/14/05 Page 2 of.

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City			State				
21. Client new principa	l place of busine	ss (if different than	100000000000000000000000000000000000000	Zip Co	de Hayana	Count	ту
City City			State State	Zip Coo	lo il il il il il	Count	ry Marie
22. New general descrip	tion of clients bu	siness or activities		PARTERES SERVICES SER	***************************************	*************************	,
LOBBYIST PDATI 23. Name of each prev		l individual who	is no longor	avacated to a	4111		4
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24. General lobbying i	ssues that no lo	nger pertain					
AFFILIATED ORG							
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Printed Name and Title

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C-Michael Fulton 2/14/05
Page 3 of.