

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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Washington, DC 20510

SECRETARY OF THE SENATE

NYSAR
Mid

04 AUG 2001
LOBBYING REPORT

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

1. Registrant Name <u>Pamela Ray</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4805 N-20th Place</u>			
3. Principal Place of Business (if different from line 2) City: <u>Arlington</u> State/Zip (or Country) <u>VA</u> <u>22207</u>			
4. Contact Name <u>(same)</u>	Telephone <u>703-522-8278</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>NYS Association of Housing-Renovation Officials</u>	<u>(NYSARITZ)</u>		6. House ID # <u>33667</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Dec 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 align="center">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 align="center">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>
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Signature _____

Printed Name and Title _____

10/2/2017/1/2017

Registrant Name Pamela Ray Client Name NYSARTO

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 co information as requested. Attach additional page(s) as needed.

15. General issue area code HOU (one per page)

16. Specific lobbying issues

Subsidized Housing Appropriations Program

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

Check if None

House + Senate

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

Name	Covered Official Position (if applicable)
<u>Pamela Ray</u>	<u>NA</u>

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

Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Pamela Ray Client Name NYSARITD

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code ECN (one per page)

16. Specific lobbying issues

Community Development BB Funding
Economic Development Funding

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

Check if None

House & Senate

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

Name	Covered Official Position (if applicable)
Pamela Ray	NA

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

Check if None

Signature Pamela J Ray Date 8-16-04

Printed Name and Title: [Illegible] | [Illegible] | [Illegible]