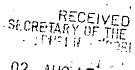
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Clerk of the House of Representatives - Secretary of the Senate . Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510



02 AUG 15 AM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

e kom di ne ista i sansi ne is		ve Date of Reg					
2. House Identification Number	se Identification Number Senate Identification Number						
REGISTRANT 3. Registrant name Clark & Associates							
Address 1020 19th Street, NW, Suite 7	'00						
City Washington		***************************************	State DC,	Zip 20036			
4. Principal place of business (if different fro	State/Zip (or Country)						
5. Telephone number and contact name (202) 246-1600	Contact	Steve Clark	E-mail (optional)				
General description of registrant's busines Public Affairs Consultants	s or activities	S	.				
CLIENT A Lobbying firm is required to file a so	eparate registra	uion for each clieni		ploying in-house lobbyists should			
7. Client name Cuyahoga Community Col		******	*******				
Address 700 Carnegie Avenue		, *·	- 1129 - 120				
City Cleveland			State OH	Zip 44115-2878			
8. Principal place of business (if different fro			State/Zip (or	Country)			
9. General description of client's business of Education	r activities						
LOBBYISTS 10. Name of each individual who has acted or this section has served as a "covered ex acting as a lobbyist for the client, state the Name	ecutive brane	ch official" or "	covered legislative position(s) in	ive branch official" within to			
Steve Clark		·					
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Registrant Name	Clark & Associates	C	lient Name	Cuyaho	ga Community College
LOBBYING IS 11. General lobbying EDU		l applicable co			everse side of Form LD
12. Specific lobbying General busine	g issues (current and a	•	ss and federal (· •	mera de la estada
_	other than the clien	nt that contrib			bying activities of the registrant's lobbying
✓ No ⇔ Go	o to line 14.	<u> </u>			section for each entite proceed to line 14.
Na	me		Address	1 •4	Principal Place of Bu (city and state or co
. .			***************************************		
•	eign entity that: at least 20% equitab	_			dentified on line 13; ls, directs, finances o
c) is an a	ties of the client or a filliate of the client lobbying activity?				as a direct interest in
No ⇒ Sign	and date the registr	ation.	Yes		st of this section for e teria above, then sign
Name		Address	A Section 1	ncipal place of business d state or country)	Amount of contribution for lobbying activities
			* .		
Signature 5	twe Cl.	and	<u>- 1</u>	Date	08/05/200
Printed Name and	Title Steve Clar	k - President			