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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

1. Registrant Name Hurt, Norton & Associates, Inc.		
2. Registrant Address	ent than previously reported State/Zip (or Country)	Suite 200 DC 20002
3. Principal Place of Business (if different from	m line 2)	
City	State/Zip (or Country)	
4. Contact Name Katharine C. Wood	2	5. Senate I y@HurtNorton.com 18980-6
7. Client Name Self		6. House II
Phoenix Air Group		3364300
9. Check if this filing amends a previous Check if this is a Termination Rep	iously filed version of toort >> Terminat	on Date 11. No Lo
10. Check if this is a Termination Rep	iously filed version of toort >> Terminate CS - Complete Eith	on Date 11. No Locar Line 12 OR Line 13
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9. Check if this filing amends a previous Property of the Prop	iously filed version of toort >> Terminate CS - Complete Eith rms	on Date 11. No Local Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this
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8/16/2004

Signature	and con much	Date
Printed Name and Title	Katharine C. Wood - Secretary/Treasurer	

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Regi	istrant Name:	Hurt, Norton & Associates, Inc.				
Clie	nt Name:	Phoenix Air Group				
enga	aged in lobbyit	FIVITY. Select as many codes as necessary ag on behalf of the client during the reportinuested. Attach additional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide			
15.	General issue	e area code TRA (one per page)				
16.	Specific Lob Facilitate op	bying issues erations for civilian and government air	cargo and charter services			
			•			
17.		Congress and Federal agencies contacted presentatives	☐ Check if None			
10	Noneface	h individual who ested as a labbyist in this i	csue area			
18.	Name of eac	Name of each individual who acted as a lobbyist in this issue area				
	Name		Covered Official Position (if applicable)			
	Hurt, Robe	rt H.				
						
			•			
19.	. Interest of e	ach foreign entity in the specific issues lister	d on line 16 above Check if None			

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Signature 1 XOV) CONTROL CONTR	Date
Printed Name and Title Katharine C. Wood - Secretary/Treasurer	