

Clear all data

Go to 'Fo

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

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

SECRETARY OF THE SENATE

05 FEB 15 AM 11:

**LOBBYING REPORT**

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

1. Registrant name			
Organization		[REDACTED]	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		[REDACTED]	
City	State	Zip Code	Country
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7. Client Name		5. Senate ID #	
[REDACTED]	<input type="checkbox"/> Self	[REDACTED]	
		6. House ID #	
		[REDACTED]	

**TYPE OF REPORT** 8. Year [REDACTED] Midyear (January 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 [REDACTED]

11. No Lobbying Activity ☐

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> <input type="checkbox"/> ⇒ \$ [REDACTED]</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><b>13. Organizations</b></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"/> <input checked="" type="checkbox"/> ⇒ \$ [REDACTED]</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complete

Printed Name and Title

[REDACTED]

C. Michael Fulton 2/14/05

Page 1 of 3

Registrant Name Golin Harris

Client Name

Greater Pittsburgh  
Chamber of Commerce

**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 code,** information as requested. Attach additional page(s) as needed.

15. General issue area code

1000

(one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue &gt;

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

☒ Check if None

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

Add a page to continue adding lobbyists for this

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)

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

☒ Check if None

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Add a page for a different issue

Printed Name and Title

LD-2DS (REV/03)

~~C. Michael Fulton, Executive VP~~

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

Registrant Name

GolinHarris

Client Name

Greater Pittsburgh  
Chamber of Com**Information Update Page - Complete ONLY here registration information has changed.****20. Client new address**

Address

City

State

Zip Code

Country

**21. Client new principal place of business (if different than line 20)**

City

State

Zip Code

Country

**22. New general description of client's business or activities****LOBBYIST UPDATE****23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client**

First Name

Last Name

Suffix

First Name

Last Name

Suf

1

3

2

4

**ISSUE UPDATE****24. General lobbying issues that no longer pertain**

Find the code for each below

**AFFILIATED ORGANIZATIONS****25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1

2

3

**FOREIGN ENTITIES****27. Add the following foreign entities**

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client
	City	State/Province	Country	City	
				State	Country

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization**

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title

C. Michael Fulton, Executive VP

LD-2DS (REV03 )

C. Michael Fulton 2/14/05

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