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LOBBYIST CONTACT DISCLOSURE FORM

To be completed by the employee contacted.

Date and time of contact:	Name of the Employee(s) Contacted (Name and Title)	Brief description of the contact: (attach separate sheet if necessary)
N/A	N/A	N/A
Name of the Employee(s) who prepared this form: <i>Lada Stasko</i>	Date: 6/24/2025	
Lada Stasko, Deputy General Counsel		