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| Clerk of the House of Representatives Legislative Resource Center 135 Cannon Building Washington, DC 20515 http://lobbyingdisclosure.house.gov | Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 http://www.senate.gov/lobby |
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LOBBYING REPORT

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

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| 1. Registrant Name <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual CIT Group Inc. | |
| 2. Address Address1 <u>1 CIT Drive</u> Address2 _____ City <u>Livingston</u> State <u>NJ</u> Zip Code <u>07039</u> Country <u>USA</u> | |
| 3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____ | |
| 4a. Contact Name <u>Ms. Linda Seufert</u> | b. Telephone Number <u>9737405796</u> c. E-mail <u>Linda.Seufert@cit.com</u> |
| 5. Senate ID# <u>400683033-12</u> | |
| 7. Client Name <input checked="" type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality CIT Group, Inc. | 6. House ID# <u>414820000</u> |

TYPE OF REPORT

8. Year 2017 Q1 (1/1 - 3/31) Q2 (4/1 - 6/30) Q3 (7/1 - 9/30) Q4 (10/1 - 12/31)

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 Issue Activity

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

| | |
|--|--|
| <p>12. Lobbying</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input type="checkbox"/> \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p>13. Organizations</p> <p>EXPENSE relating to lobbying activities for this reporting period were:</p> <p>Less than \$5,000 <input type="checkbox"/></p> <p>\$5,000 or more <input checked="" type="checkbox"/> \$ <u>150,000.00</u></p> <p>14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" 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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Signature Digitally Signed By: LINDA SEUFERT Date _____

Information Update Page - Complete ONLY where 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 | Suffix |
|------------|-----------|--------|------------|-----------|--------|

ISSUE UPDATE

24. General lobbying issue that no longer pertains

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

| Name | Address | | | | Principal Place of Business (city and state or country) |
|------|----------------|------|----------------|-------------|--|
| | Street Address | City | State/Province | Zip Country | |

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

FOREIGN ENTITIES

27. Add the following foreign entities:

| Name | Address | | | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|----------------|------|------------------------|--|--|--------------------------------------|
| | Street Address | City | State/Province 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