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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration May 1

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name McBee Strategic Consulting, LLC
 Address 1101 Pennsylvania Ave. NW, Suite 500
 City Washington State DC Zip 20004

4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____

5. Telephone number and contact name
202 234 1224 Contact Jessica Burgess E-mail (optional) jburgess@mcbees.com

6. General description of registrant's business or activities

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.* Self

7. Client name Parsons Brinckerhoff
 Address One Penn Plaza
 City New York State NY Zip 10119

8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____

9. General description of client's business or activities
Transportation Engineering & Systems Integration

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any part of this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Steve McBee</u>	
<u>Emelie East</u>	

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Registrant Name _____ Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD

IRA

12. Specific lobbying issues (current and anticipated)

Transportation Reauthorization and Transport Appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity meeting the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each foreign entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature

[Handwritten Signature]

Date 04-12-02

Printed Name and Title

President & CEO

