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LOBBYING REPORT

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

1. Registrant Name The Fratelli Group			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1300 Connecticut Avenue, NW Suite 600 City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Peggy K. Zand	Telephone 202-822-9491	E-mail (optional) pkzand@fratelli.com	5. Senate ID # 85831-36
7. Client Name <input type="checkbox"/> Self Meat Fairness Coalition			6. House ID # 36523001

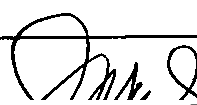
TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date 6/30/2005 11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)</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 align="center">13. Organizations</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"/> >> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(6) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Signature  _____ Date _____

Printed Name and Title **Jim Mulhern -** _____ Page _____

Registrant Name: The Fratelli Group

Client Name: Meat Fairness Coalition

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code ANI (one per page)
- 16. Specific Lobbying issues

Hearings on USDA proposed BSE regulations regarding Canadian border opening

- 17. House(s) of Congress and Federal agencies contacted Check if None
Department of Agriculture
House of Representatives
Senate
White House

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

Name	Covered Official Position (if applicable)
Mulhern, Jim	

- 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title **Jim Mulhern -** _____ Page :

Registrant Name: The Fratelli Group

Client Name: Meat Fairness Coalition

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code TRD (one per page)
- 16. Specific Lobbying issues

Hearings on USDA proposed BSE regulations regarding Canadian border opening

- 17. House(s) of Congress and Federal agencies contacted Check if None
Department of Agriculture
House of Representatives
Senate
White House

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

Name	Covered Official Position (if applicable)
Mulhern, Jim	

- 19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____

Printed Name and Title **Jim Mulhern -** _____ Page