

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
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SECRET

06 FEB

# LOBBYING REPORT

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

1. Registrant name			
Organization	Conlon, Frantz, Phelan & Pires		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	1818 N Street, NW, Suite 700		
City	Washington,	State	DC
		Zip Code	20036
			Country USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Michael J. Conlon	202-331-7050	mjc@cfpplaw.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Automotive Engine Rebuilders Association			10480-12
			6. House ID #
			30190000

TYPE OF REPORT 8. Year 2006 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 \_\_\_\_\_ 11. No Lobbying Activity

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

<p align="center"><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____</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"><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"/> ⇨ \$ _____</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"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Com

Printed Name and Title Michael J. Conlon, Partner

0000132633



✓

Registrant Name Conlon, Frantz, Phelan & Pires

Client Name Automotive Engine Rebuilders Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 AUT - Automotive Industry (one per page)

16. Specific lobbying issues

*Add a page for each specific issue area.*

Motor Vehicle Right to Repair Act

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate

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

*Add a page for each lobbyist.*

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

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

*Add a page for a different*

Printed Name and Title Michael J. Conlon, Partner

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Registrant Name Conlon, Frantz, Phelan & Pires

Client Name Automotive Engine Rebuilders Association

**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

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

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

**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 Country
	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

Printed Name and Title Michael J. Conlon, Partner

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