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05 JUN 27 AM 9:04

LOBBYING REPORT

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

1. Registrant Name JOHN W. MAGAW	
2. Address <input type="checkbox"/> Check if different than previously reported 902 PERRY LANDING CT.	
3. Principal Place of Business (if different from line 2) City: ANNAPOLIS, MD. State/zip (or Country) 21401-9300 (ANNE A	
4. Contact Name SAME AS ABOVE	Telephone 301-970-2453 E-mail (optional)
7. Client Name <input type="checkbox"/> Self RECORDING INDUSTRY ASSOCIATION OF AMERICA	5. Senat 6. Hous 30

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (Ju

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/> NONE</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/> NONE</p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ Expenses (near</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LD/</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>

Signature John W. Magaw Date 12/31
 Printed Name and Title JOHN W. MAGAW (SECURITY CONSULTANT)



Registrant Name JOHN W. MAGAW Client Name RECORDING INDUSTRY

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

15. General issue area code CPT (one per page)

16. Specific lobbying issues

*None This PERIOD - INTRO. MTG. - NO LOBBYING.
See #17.*

17. House(s) of Congress and Federal agencies contacted

Check if None

*UNITED STATES SECRET SERVICE:
RIAA DIRECTOR of SECURITY - BRADLEY BUCKLER MTG. RE
PIRATING of PRODUCTS AND F
INTRODUCTORY MTG.*

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

Name	Covered Official Position (if applicable)
<i>None</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature John W. Magaw Date 12/31/04

Printed Name and Title JOHN W. MAGAW - SECURITY CONSUL

Registrant Name JOHN W. MAGAW Client Name RECORDING INDUSTRY

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City

State/Zip (or 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 th

N/A

ISSUE UPDATE

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

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Pla (city and sta
<u>N/A</u>		

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

N/A

FOREIGN ENTITIES

27. Add the following foreign entities

None

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

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the reg affiliated organization

Signature John W. Magaw Date 12/31/
Printed Name and Title JOHN W. MAGAW - SECURITY CONSUL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent X <i>R. Davis</i> <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>secretary of the Senate office of Public Records 232 Hart Bldg Washington, DC 20510</i></p>		<p>B. Received by (Printed Name) <i>R. Davis</i> C. Date of Delivery <i>6/26/05</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2. Article Number **7004 1160 0007 4925 6440**
(Transfer from ser)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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