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LOBBYING REPORT

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

1. Registrant Name Commonwealth Consulting Corporation			
2. Address <input type="checkbox"/> Check if different than previously reported 1800 North Kent Street, Suite 907, Arlington, VA 22209			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Christopher M. Lehman	Telephone (703) 524-0026	E-mail (optional)	5. Senate ID # 101
7. Client Name <input type="checkbox"/> Self IAI International			6. House ID # 302

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De9. 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

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 accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA deferral</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1601 Internal Revenue Code</p>
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Signature _____



Printed Name and Title _____

Christopher M. Lehman, President

Registrant Name Commonwealth Consulting Corporation Client Name IAI International

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

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

16. Specific lobbying issues

DoD Appropriations Bill, FY 2005
National Defense Authorization Bill, FY 2005

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

US Senate
US House of Representatives
Department of Defense

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

Name	Covered Official Position (if applicable)
Christopher M. Lehman	

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

Signature *Christopher M. Lehman* Date 7/22/04
Printed Name and Title Christopher M. Lehman, President

