

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
---	--

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

06 AUG 14 PM 3:04

LOBBYING REPORT

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

1. Registrant name	
Organization	Lowry Strategies formerly Jana McKeag
2. Address <input type="checkbox"/> Check if different than previously reported	
Address1	315 Queen St
City	Alexandria
State	VA
Zip Code	22314
Country	US
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
MS. Jana McKeag	703-684-1203
	jmgop@aol.com
5. Senate ID #	45367-1
7. Client Name <input type="checkbox"/> Self	6. House ID #
Sodak/IGT Gaming	3423700

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

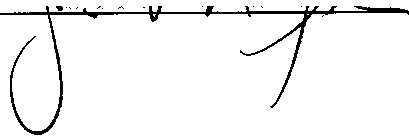
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> → \$ <u>25,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$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"/> → \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions c</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
--	--

Form



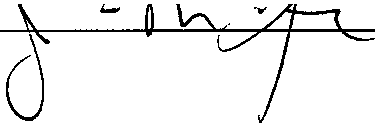
Printed Name and Title **Jana McKeag, Partner**

0000200848

Handwritten signature or initials in black ink, appearing to be 'J' followed by some less distinct characters.

10

Printed Name and Title Jana McKeag, Partner



LD-2DS (Rev. 4.07)

Page 2

Registrant Name Lowry Strategies formerly Jana McKeag Client Name Sodak/IGT Gaming

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	S
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 C/S/Z	City State Country
	Address C/S/Z	City 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	Ow per clie
	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, affiliated organization

1	3	5
2	4	6

Add a page for more

Printed Name and Title Jana McKeag, Partner

1000200850



Handwritten marks, possibly initials or a signature.