Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Clerk of the House of Representatives
Office of Public Records
232 Hart Building
Washington, DC 20510

A STATE

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

SECRETARY OF THE SENATE 99 SEP -8 PH 12: 13 H.D.

* * . · ...

Check if this is an Amended Registration	1. Effective Date of Registration 9/8/99		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name McDermott/O'Neill & Ass	ociates		
Address One Beacon Street, Suite 16	00		
	State MA Zip 02108		
Principal place of business (if different from line 3) City	State/Zip (or Country)		
5. Telephone number and contact name (517) 227-2600 Contact 6. General description of registrant's business or activities Consulting			
labeled "Self" and proceed to line 10. 🔲 Self	n for each client. Organizations employing in-house labbylsts should check the box		
	State Zip 01887		
Principal place of business (if different from line 7) City	State/Zin (or Country)		
 General description of client's business or activities Manufacture Security & Detection 			
LOBBYISTS 10. Name of each individual who has acted or is expected to a	act as a lobbyist for the client identified on line 7. If any person listed in official" or "covered legislative branch official" within two years of first		
Name	Covered Official Position (if applicable)		
Dan Crann			
Form UD-1 (Rev. 95/98)	Vano:		

Registrant Name McDermo LOBBYING ISSUES It. General lobbying issue are	3	Name Ton Track	everse side of Form LD	-1, page 1.	
12. Specific lobbying issues (c	current and anticipated)				
	g, Marketing of se	curity devices			
AFFILIATED ORGA	NIZATIONS				
		more than \$10,000 to the lob ans, supervises or controls the			
Wa No⇒ Go to line	14. 🔾 Yo	s 1 Complete the rest of this the criteria above, then		y matching	
Name		Address		Principal Place of Business (city and state or country)	
 b) directly or indi- activities of th 	y that: 0% equitable ownership in the rectly, in whole or in major the client or any organization if the client or any organization activity?	on identified on line 13 and h Yes 4 Complete the re matching the cr	els, directs, finances or	subsidizes the outcome ach entity	
Name	Address	registration. Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client	
Signature WM	J. Cahil	Date	9/8/9	9	
,,~ .		ior Vice President	Federal Affai	rs	
Form LO-8 (Rev. 06/98)				Page 1	