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LOBBYING REPORT

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

1. Registrant Name <i>Colleen Corrigan</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>64 Pennsylvania Ave. SE #304, Washington DC 20003</i>			
3. Principal Place of Business (if different from line 2)			
City:		State/zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<i>Colleen Corrigan</i>	<i>202-543-7267</i>	<i>colleen@wildrockets.org</i>	
7. Client Name <input type="checkbox"/> Self	6. House ID #		
<i>Carole King c/o Assante</i>			

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1

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 Lo

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>16,000.00</u> <small>Income (nearest \$20,000)</small></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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest</small></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 d</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>
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[Signature]

Date 2-16-2003

Signature Colleen A. Corrigan
Printed Name and Title COLLEEN A. CORRIGAN, CONSULTANT.

Printed Name and Title _____

Date