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**LOBBYING REPORT**

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

|  |                                   |
|--|-----------------------------------|
| 1. Registrant Name<br><i>Foley Government &amp; Public Affairs Inc</i>   |                                   |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><i>P.O. Box 61303 - Potomac, MD 20859</i> |                                   |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country): _____                       |                                   |
| 4. Contact Name<br><i>Joseph P. Foley</i>  | Telephone<br><i>301-294-0937</i>  |
| E-mail (optional)  | 5. Senate ID #<br><i>15053-24</i> |
| 7. Client Name <input type="checkbox"/> Self<br><i>City of Ontario, CA</i>   | 6. House ID #<br><i>3028/001</i>  |

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report   
 10. Check if this is a Termination Report  ⇨ Termination Date 2/10/01 11. No Lobbying Activity

|   |   |
|---|---|
| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13   |   |
| <p><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____<br/> <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><b>13. Organizations</b></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"/> ⇨ \$ _____<br/> <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Signature: *Joseph P. Foley*  
 Printed Name and Title: *Joseph P. Foley, President*

Registrant Name: Foley Government & Public Affairs Inc. Client Name: City of Ontario, CA

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

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

16. Specific lobbying issues

*Surface transportation and related public works issues, aviation regulations and funding matters*

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

*U.S. House of Representatives  
U.S. Senate  
Department of Transportation  
Federal Aviation Administration*

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

| Name                   | Covered Official Position (if applicable) | New                      |
|------------------------|---|--------------------------|
| <i>Joseph P. Foley</i> |   | <input type="checkbox"/> |
| <i>Ralph Gervasio</i>  |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |
|                        |   | <input type="checkbox"/> |

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

Signature: *Joseph P. Foley* Date: 2/10/01  
 Printed Name and Title: Joseph P. Foley, President