

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
---	--

SECRETARY OF THE
03 AUG 20 PM 1:

LOBBYING REPORT

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

1. Registrant Name <u>Chlopak Leonard Schechter & Associates Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1850 M Street NW, Suite 550</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>D.C.</u> <u>20031</u>			
4. Contact Name <u>Michael W Fox</u>	Telephone <u>CFO</u>	E-mail (optional)	5. Sen <u>91</u>
7. Client Name <input type="checkbox"/> Self <u>Transportadora De Gas Del Peru</u>			6. Hou <u>31</u>

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

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 I

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ 40,000.00
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____ Expenses (ne

14. REPORTING METHOD. Check box to accounting method. See instructions for desc

Method A. Reporting amounts using LI

Method B. Reporting amounts under se Internal Revenue Code

Method C. Reporting amounts under se Internal Revenue Code

Signature

M. Fox

Printed Name and Title

MICHAEL W. FOX

CFO

Registrant Name Chikpak Leonard Schechter Associates Inc. Client Name Transportadeno de Cus

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place (city and state)
.....

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activity
.....

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the affiliated organization

Signature *Michael W Fox* Date 2/14/11

Printed Name and Title Michael W Fox CFO

Form 1 D-2 (Rev. 6/08)

Registrant Name Chlopek, Leonard Schachter & Associates Inc. Client Name Transportacion de Gas de

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

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

16. Specific lobbying issues

Issues relating to a Natural Gas Pipeline

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

United States Senate & House of Representatives

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

Name	Covered Official Position (if applicable)
<u>Peter Schechter</u>	
<u>Maria CRISTINA GONZALEZ-NOGUERA</u>	
<u>Juan Centinas-Garcia</u>	

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

Signature *M. W. Fox* Date 8/14/

Printed Name and Title Michael W. Fox CFO