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06 AUG 14 PM 3:11

# LOBBYING REPORT

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

1. Registrant name			
Organization	Jana McKeag		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	315 Queen St		
City	Alexandria	State	VA
		Zip Code	22314
		Country	US
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Jana McKeag	703-684-1203	jmgop@aol.com
			5. Senate ID #
			45367-11
7. Client Name <input type="checkbox"/> Self			6. House ID #
Venture Catalyst, Inc.			34237001

**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 Acti

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

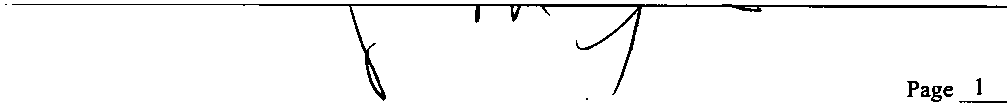
<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>75,000</u></p> <p>Provide a good faith estimate, rounded to the 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"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>                    </u></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"/> <b>Method A.</b> Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form C



Printed Name and Title Jana McKeag, Partner

1000200839



Registrant Name Jana McKeag Client Name Venture Catalyst, Inc.

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

15. General issue area code IND - Indian/Native American Affairs (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* 

Barona Water Transfer, Amendments to IGRA, Indian Health Care

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

Department of Interior

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for ti*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Jana	McKeag	Ms	

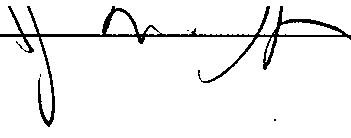
19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None



*Add a page for a differ*

1000200840

Printed Name and Title Jana McKeag, Partner



LD-2DS (Rev. 4.07)

Registrant Name Jana McKeag

Client Name Venture Catalyst, Inc.

**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

Su

1

3

2

4

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

Find the code to select below.

**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 City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc clien
			City State Country		

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

1

3

2

4

5

6

Add a page for more u

Printed Name and Title Jana McKeag, Partner

3000200841

*[Handwritten marks]*