

SEP 27 2006  
Clear all data and go to Form 1

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

# LOBBYING REPORT

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

1. Registrant name  
Organization **The CapAnalysis Group LLC**

2. Address  Check if different than previously reported  
Address **1299 Pennsylvania Avenue, NW** Suite **300**  
City **Washington** State **DC** Zip Code **20004** Country **USA**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
**Mr. Jeffrey A. Eisenach** **202-383-7276** **eisenachj@capanalysis.com**

5. Senate ID # **77297-12**

7. Client Name  Self  
**Seneca One Finance, Inc.**

6. House ID # **3613200**

**TYPE OF REPORT** 8. Year **2006** 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 **05/01/2006**

11. No Lobbying Activity

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

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> relating to lobbying activities for this reporting period was: <input type="checkbox"/></p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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>EXPENSES</b> relating to lobbying activities for this reporting period were: <input checked="" type="checkbox"/></p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Form Complete

0000253173

Printed Name and Title Cynthia D. Goode, Administrative Assistant **9/19/06**  
Filing #6813e6a6-f5f7-459d-b011-58998722f4ef - Page 1 of 6



Registrant Name The CapAnalysis Group LLC

Client Name Seneca One Finance, Inc.

**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 CSP - Consumer Issues/Safety/Protection (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Obtaining an advisory opinion from the FTC on telemarketing sales rule.

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	Ne
Jeffrey A.	Eisenach			<input type="checkbox"/>
				<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

Add a page for a different issue

0000253174



Registrant Name The CapAnalysis Group LLC

Client Name Seneca One Finance, 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	Suffix
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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)
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>

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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
<input type="text"/>	City <input type="text"/>	State/Province <input type="text"/> Country <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/>	<input type="text"/>

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

1  2  3  4  5  6

Add a page for more updates

Printed Name and Title Cynthia D. Goode, Administrative Assistant

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