

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
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SECRETARY  
06 FEB 26

# LOBBYING REPORT

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

1. Registrant name				
Organization		Richard L. Collins		
2. Address <input type="checkbox"/> Check if different than previously reported				
2111 Wilson Boulevard, Suite 700		Suite 700		
City	Arlington	State	VA	Zip Code 22201 Country U
3. Principal place of business (if different than line 2)				
City		State		Zip Code Country
4a. Contact Name		b. Telephone number	c. E-mail	5. Senate ID #
Prefix	Full Name			
Ms.	T.L. Alexis Wears	703-351-5058	alex@collinsandcompany.com	9922-8:
7. Client Name <input type="checkbox"/> Self				6. House ID #
Skirball Cultural Center				327720

**TYPE OF REPORT** 8. Year 2005 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 \_\_\_\_\_ 11. No Lobbying Activities

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</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><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"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)( Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) o Revenue Code</p>

0000121954

**Form C**



Registrant Name Richard L. Collins Client Name Skirball Cultural Center

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

15. General issue area code EDU - Education (one per page)

16. Specific lobbying issues

Appropriations for educational and cultural programs.

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

Senate, House.

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
James D.	Bond		
John-Paul C.	Hayworth		
Christina D.	West		
Nancy L.	Kohler		

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

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Printed Name and Title · T.L. Alexis Wears, Associate

Tam Feb 14 06

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Registrant Name Richard L. Collins Client Name Skirball Cultural Center

**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

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

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	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe cli
	Street Address	State/Province	Country			
<input type="checkbox"/>	City	State	Country	City		
<input type="checkbox"/>				State	Country	

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

1

3

5

2

4

6

Add a page for more

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20

Printed Name and Title T.L. Alexis Wears, Associate

T. Lewis Feb 4 06

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