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LOBBYING REPORT

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

1. Registrant Name <u>Walker, Bryant, Tipps & Malone</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>2100 One Nashville Place, 150 Fourth Ave. No. Nashville, TN</u>			
3. Principal Place of Business (if different from line 2) City: <u>same</u> State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Sena
<u>John M. Tipps</u>	<u>(615) 313-6000</u>	<u>mtipps@walkerbryant.com</u>	<u>05</u>
7. Client Name <input type="checkbox"/> Self			6. Hous
<u>Corrections Corporation of America</u>			<u>34</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July

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 Lc

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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> income (nearest \$20,000)</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (near</p> <p>14. REPORTING METHOD. Check box to accounting method. See instructions for descri</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA</p> <p><input type="checkbox"/> Method B. Reporting amounts under sect Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sect Internal Revenue Code</p>
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Signature

John M. Tipps

8-17-07

Printed Name and Title John M. Tipps, partner

Registrant Name Walker, Bryant, Tipps & Malone Client Name Corrections Corporation o

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 LAW (one per page)

16. Specific lobbying issues

Matters concerning the private corrections industry, including provisions in the Commerce-Justice State Appropriations bill related to the housing of federal prisoners in private correctional facilities and the possible purchase of the Northeast Ohio Correctional facility by the BOP.

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

Name	Covered Official Position (if applicable)
<u>John M. Tipps</u>	Chief of Staff, Sen. Bill Frist (1995-1997)
.....	Dep. Chief Counsel - Sen. George Mitchell Affairs Comm. Special Investigator of Campaign Finance (1997-1998)
.....	
.....	
.....	

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

Signature *John M. Tipps* Date 8-12-02

Printed Name and Title John M. Tipps, partner

Form LD-2 (Rev. 6/98)

F

Registrant Name Walker, Bryant, Client Name Corrections Corporation

Tipps & Malone
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

N/A

ISSUE UPDATE N/A

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s) N/A

Name	Address	Principal Place (city and state)

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

N/A

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contrib for lobbying activ

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

[Handwritten signatures]

Signature [Handwritten Signature] Date 2-10-0

Printed Name and Title John M. Tipps, partner