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SECRETARY OF THE SENATE
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 H.D.

LOBBYING REPORT

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

| | |
|---|-----------------------------------|
| 1. Registrant Name RASC REID CO. | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1300 I STREET, NW STE 2500 | |
| 3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20005 | |
| 4. Contact Name MARK D. MCINTYRE | 5. Senate ID # 44286-51 |
| Telephone 202 371 9580 | E-mail (optional) |
| 7. Client Name <input type="checkbox"/> Self CHRISTIAN HERALD ACSN | 6. House ID # 328 79003 |

TYPE OF REPORT 8. Year _____ 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 **1-1-00**

11. No Lobbying Activity

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 type="checkbox"/> ⇒ \$ <u>N/A</u> <small>Income (nearest \$20,000)</small></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 this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|---|---|

Signature Mark D. McIntyre

Printed Name and Title **MARK D. MCINTYRE, SR VP**

LD-2 (REV 6/98) PAGE 1 of _____

Registrant Name RUSSELL REID CO. Client Name CHRISTIAN HERALD ASSN

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 N/A (one per page)

16. Specific lobbying issues
N/A

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

N/A

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

| Name | Covered Official Position (if applicable) | New |
|----------------------|---|--------------------------|
| <u>MARK MCINTYRE</u> | | <input type="checkbox"/> |
| <u>JONITA WENNER</u> | | <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

Signature *Mark D. McIntyre* Date 10-16-00
Printed Name and Title MARK D. MCINTYRE, SR. VP

Registrant Name RNGC RETD CO. Client Name CHRISTIAN HERAZO ABON

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

20. Client new address N/A

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

City N/A State/Zip (or Country)

22. New general description of client's business or activities

N/A

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

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------------|---------|--|
| <u>N/A</u> | | |

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 activities | Ownership percentage in client |
|------------|---------|--|---|--------------------------------------|
| <u>N/A</u> | | | | |

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

Signature Mark D. McIntyre Date 6-16-00

Printed Name and Title MARK D. MCINTYRE SA. VP.