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LOBBYING REPORT

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

| | | | |
|--|--|---------------------|----------------|
| 1. Registrant name | | | |
| Organization | Washington Policy Associates, Inc. (WPA) | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported | | | |
| Address1 | 1325 G Street, NW | Suite | 500 |
| City | Washington | State | DC |
| | | Zip Code | 20005 |
| | | Country | US |
| 3. Principal place of business (if different than line 2) | | | |
| City | Annapolis | State | MD |
| | | Zip Code | 21403 |
| | | Country | US |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | Jeffrey C. Smith | 410-626-0330 | jcs@wpa.org |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| Committee for Private Offshore Rescue and Towing (C-PORT) | | | 40624-24 |
| | | | 6. House ID # |
| | | | 3060900 |

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 10/1/2006 11. No Lobbying Activity

| | |
|--|--|
| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 | |
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</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 align="center">13. Organizations</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |

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Registrant Name Washington Policy Associates, Inc. (WPA) Client Name Committee for Private Offshore Rescue ar (C-PORT)

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 | Jeffrey | Smith | | | | 3 |
| 2 | Sherry | Smith | | | | 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 | City |
| | C/S/Z | State |
| | Address | Country |
| | 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 | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Own perc clien |
|------|----------------|----------------|--|---|----------------------|
| | City | State/Province | Country | | |
| | | | City | | |
| | | | State | | |
| | | | Country | | |

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

| | | |
|---|---|---|
| 1 | 3 | 5 |
| 2 | 4 | 6 |

Add a page for more u

Printed Name and Title Jeffrey C. Smith, President

Digitally signed by Jeffrey C. Smith
DN: cn = Jeffrey C. Smith, c = US, o =
WPA, LLC
Reason: I am the author of this
document.

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