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SECRETARY OF THE SENATE  
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## LOBBYING REPORT

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

1. Registrant Name Conlon, Frantz, Phelan & Pires, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1818 N Street, N.W., Suite 700			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) D.C. 20036			
4. Contact Name Anurag Varma		Telephone (202) 331-0343	E-mail (optional)
7. Client Name <input type="checkbox"/> Self Indian American National Foundation			5. Senate ID # 104
			6. House ID # 3019

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

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date 12/31/02

11. No Lobbying

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

<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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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><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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA default</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6115 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature AV

Printed Name and Title Anurag Varma, Attorney

LD-2 (REV. 6/98)

Registrant Name Conlon, Frantz, Phelan & Pires, LLP Client Name Indian American National Foundation

**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 and information as requested. Attach additional page(s) as needed.

15. General issue area code \_\_\_\_\_ (one per page)

16. Specific lobbying issues

[Empty box for specific lobbying issues]

17. House(s) of Congress and Federal agencies contacted

Check if None

[Empty box for House(s) of Congress and Federal agencies contacted]

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

Name	Covered Official Position (if applicable)
Anurag Varma	Legislative Director/Attorney
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature AV

Printed Name and Title Anurag Varma, Attorney

Form LD-2 (Rev.6/98)

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