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02 JUN 18

LOBBYING REPORT

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

1. Registrant Name <i>Robert E. McKeon</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1805 Crystal Dr. #804 Arlington VA 22202-4406</i>			
3. Principal Place of Business (if different from line 2)			
City: _____		State/Zip (or Country) _____	
4. Contact Name <i>Robert E. McKeon</i>	Telephone <i>703-979-0609</i>	E-mail (optional) <i>rem@remks.com</i>	5. Senate ID <i>24613</i>
7. Client Name <input type="checkbox"/> Self			6. House ID <i>3365</i>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-I9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobby

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$ _____)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature

Robert E. McKeon

Printed Name and Title

Robert E. McKeon, Executive Director

Registrant Name Robert E. McLean Client Name Mailers Council

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

15. General issue area code POS (one per page)

16. Specific lobbying issues

Treasury / Postal Appropriations

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

Check if None

*Senate
House of Representatives
Executive Office of the President*

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

Name	Covered Official Position (if applicable)
<u>Robert E. McLean</u>	

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

Check if None

Signature *Robert E. McLean* Date *1/4/16*

Printed Name and Title Robert E. McLean

