

Clerk of the House of Representatives  
 Legislative Resource Center  
 B-106 Cannon Building  
 Washington, DC 20515

Secretary of the Senate  
 Office of Public Records  
 232 Hart Building  
 Washington, DC 20510

# LOBBYING REPORT

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

1. Registrant Name <b>McIntrye Law Firm, PLLC</b>	
2. Address <input type="checkbox"/> Check if different than previously reported <b>1155 15th Street, N.W. Suite 1101</b>	
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>D.C. 20005</b>	
4. Contact Name <b>Chrys. D. Lemon</b>	Telephone <b>(202) 659-3900</b> E-mail (optional) <b>clemon@mcintyrelf.com</b>
7. Client Name <input type="checkbox"/> Self <b>Risk and Insurance Management Society</b>	5. Senate ID 6. House ID

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-

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 Lob'

## 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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> =&gt; \$ <u>30,000.00</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for th period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> =&gt; \$ _____  <small>Expenses (n</small></p> <p><b>14. REPORTING METHOD.</b> Check box to it accounting method. See instructions for descrip</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA</p> <p><input type="checkbox"/> Method B. Reporting amounts under secti Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under secti Internal Revenue Code</p>
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Signature 

Printed Name and Title Chrys D. Lemon, Partner

1 D 2 (REV 6/98)

Registrant Name McIntyre Law Firm, PLLC Client Name Risk and Insurance Manange

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

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

16. Specific lobbying issues

Risk Retention Act

17. House(s) of Congress and Federal agencies contacted  
House  
Senate  
Department of the Treasury

Check if None

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

Name	Covered Official Position (if applicable)
<u>James T. McIntyre</u>	

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

Check if None

*[Handwritten Signature]*

Date 8/13/10



Registrant Name McIntyre Law Firm, PLLC Client Name Risk and Insurance Manage

**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 TOR (one per page)

16. Specific lobbying issues

Medical Malpractice Reform (S607; H.R. 5)

S1125 Fairness in Asbestos Injury Resolution

Class Action Fairness Act of 2003 (S.274; H.R. 1115)

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

Check if None

House  
Senate

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

Name	Covered Official Position (if applicable)
<u>James T. McIntyre</u>	
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_

Printed Name and Title Chrys D. Lemon, Member

Form LD-2 (Rev.6/98)