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LOBBYING REPORT

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

1. Registrant name Valis Associates			
2. Address <input type="checkbox"/> Check if different than previously reported 1700 Pennsylvania Avenue, NW #950 Washington DC 20006 USA			
3. Principal place of business (if different than line 2) City: _____ State/Zip or Country: _____			
4a. Contact Name Ms. Sharon Spillare	b. Telephone number 202-393-5055	c. E-mail wvalis@valisassociates.com	5. Senate ID # 39757-595
7. Client Name <input type="checkbox"/> Self Technology Solution Providers			6. House ID # 31959049

TYPE OF REPORT 8. Year 2005 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 _____

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></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 period 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 only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Signature _____ Date _____

Printed Name and Title Sharon Spillare, Office Manager

3000092459



Registrant Name Valis Associates

Client Name Technology Solution Providers

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

15. General issue area code SCI - Science/Technology (one per page)

16. Specific lobbying issues

Worked to assist client in obtaining 8(a) disadvantage business contracts

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

Department of Housing & Urban Development
Department of Energy
Department of Transportation
Department of Homeland Security
House of Representatives

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

Name	Covered Official Position (if applicable)
Matt Keelen	
Wayne Valis	
Jennifer Conti	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title Sharon Spillare, Office Manager

1000092460



Registrant Name Valis Associates

Client Name Technology Solution Providers

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

20. Client new address

3040 Williams Drive #200

Fairfax

VA

22031

USA

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

City

State/Zip

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

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

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	Owner percent client

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 Sharon Spillane Date 2/14/06
Printed Name and Title Sharon Spillane, Office Manager

3000092461

