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Washington, DC 20515

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SECRETARY OF THE  
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# LOBBYING REPORT

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

|                                                                                                                       |                             |                                                |                              |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|------------------------------|
| 1. Registrant Name<br><b>COLLIER SHANNON SCOTT, PLLC</b>                                                              |                             |                                                |                              |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><br>3050 K Street, N.W., Suite 400 |                             |                                                |                              |
| 3. Principal Place of Business (if different from line 2)<br>City: Washington State ZIP (or Country) D.C. 20007       |                             |                                                |                              |
| 4. Contact Name<br>Gregory M. Scott                                                                                   | Telephone<br>(202) 342-8646 | E-mail (optional)<br>gscott@colliershannon.com | 5. Senate ID #<br>9900-00087 |
| 7. Client Name <input type="checkbox"/> Self<br>American Textile Machinery Association                                |                             |                                                | 8. House ID #<br>30187-045   |

## TYPE OF REPORT

8. Year 2004 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 Activities ☐

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> ⇒ \$ _____<br/>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><b>EXPENSES</b> 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"/> ⇒ \$ _____<br/>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"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p> |
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Signature

2/14/05

Signature

Name and Title

Gregory M. Scott, Member

(6/98)

P.