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LOBBYING REPORT

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

1. Registrant name InterVISTAS-ga2 Consulting, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1800 K Street NW Suite 1104 Washington DC 20006 US			
3. Principal place of business (if different than line 2) City State/Zip or Country			
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. Deborah Homonai	202-457-0212	Debbie_Homonai@intervistas.us	291856-E
7. Client Name <input type="checkbox"/> Self			6. House ID #
Canadian Airports Council			3724300

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June30) OR Year End (July 1-December)

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

10. Check if this is a Termination Report ⇒ Termination Date 12/31/2005 11. No Lobbying Acti

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</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 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 options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8), Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Edit Form >

Signature Deborah J Homonai Date 8.21.06

Printed Name and Title Deborah J Homonai, Office Administrator

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