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LOBBYING REPORT

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

1. Registrant name	
Organization	ML Strategies, LLC
2. Address <input type="checkbox"/> Check if different than previously reported	
701 Pennsylvania Avenue, NW Suite #900	
City	Washington
State	DC
Zip Code	20004
Country	USA
3. Principal place of business (if different than line 2)	
City	
State	
Zip Code	
Country	
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Mark Buse	202-434-7435 mbuse@mlstrategies.com
7. Client Name <input type="checkbox"/> Self	5. Senate ID #
Tenneco Automotives, Inc.	25603-949
	6. House ID #
	33962047

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"/> ⇨ \$ 80,000</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 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 options. <input checked="" type="checkbox"/></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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complet

Printed Name and Title  Mark Buse, Vice President of Government Relations 8-12-05

Registrant Name ML Strategies, LLC Client Name Tenneco Automotives, Inc.

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

15. General issue area code AUT - Automotive Industry (one per page)

16. Specific lobbying issues

Issues affecting the automotive industry.

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

U.S. Senate
U.S. House of Representatives

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
David	Leiter			<input type="checkbox"/>
Karen	Knutson			<input type="checkbox"/>
Mark	Buse			<input type="checkbox"/>
Patrick	Mara			<input type="checkbox"/>
Neal	Martin			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Registrant Name ML Strategies, LLC Client Name Tenneco Automotives, Inc.

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

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code Country

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

	First Name	Last Name	Suffix	First Name	Last Name	Suffix
1				3		
2				4		

ISSUE UPDATE

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

Find the code to select below

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State Country

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1 2 3

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	Ownership percentage client
	Street Address City State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client affiliated organization

1 2 3 4 5 6

Document digitally signed on Page 1.

Add a page for more updates

