

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
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SECRETARY OF  
04 FEB 20 PM**LOBBYING REPORT**

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

1. Registrant Name <b>Carrying Capacity Network, Inc.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>2000 P Street, NW, Suite 310</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington,</b> State/zip (or Country) <b>DC, 20036</b>			
4. Contact Name <b>Chris Ferri</b>	Telephone <b>(202) 296-4548</b>	E-mail (optional) <b>ccn@us.net</b>	5. Senate ID # <b>8373-</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>32834</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec9. 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

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input checked="" type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature Chris Ferri Date 2-2-01

Printed Name and Title Chris Ferri, Outreach Coordinator

Registrant Name Carrying Capacity Network, Inc. Client Name

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

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

16. Specific lobbying issues

H.R. 946, Mass Immigration Reduction Act of 2003  
H.R. 687, Identification Integrity Act of 2003  
H.R. 489, Social Security for Americans only Act of 2003  
H.R. 502, Secured Verifiable Identification

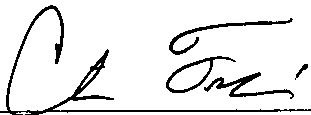
17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives,  
Senate

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

Name	Covered Official Position (if applicable)
Chris Ferri	Outreach Coordinator
Chris Richter	Program Associate

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

Signature  Date 02/05/04

Printed Name and Title Chris Ferri, Outreach Coordinator

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Registrant Name Carrying Capacity Network, Inc. Client Name \_\_\_\_\_

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

20. Client new address

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

City

State/Zip (or 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

Zachary Boren

**ISSUE UPDATE**

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or cc)

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

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

Signature

*Ch. Teri*

Date

Printed Name and Title Chris Ferri, Outreach Coodinator

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