

SECRETARY OF THE SENATE of the Senate  
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 06 AUG 21 AM 11:50

Clerk of the House of Representatives Legislative Resource Center 13-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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 INTERNATIONAL BANKING FEDERATION (IBFED)

2. Address  Check if different than previously reported  
 Address PINNACLES HALL, 105-108 OLD BROAD STREET, LONDON  
 City LONDON State UK Zip Code EC2N 1EX Country USA

3. Principal place of business (if different than line 2)  
 City LONDON State UK Zip Code EC2N 1EX Country \_\_\_\_\_  
City State/Zip or Country

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
Mrs SALLY J SCOTT 0207 216 8945 Sally.Scott@ibfed.org.uk

5. Senate ID #  
 6. House ID #

7. Client Name  Self

TYPE OF REPORT 8. Year 2006 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><b>12. Lobbying Firms</b></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 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Complete

1000222949

Printed Name and Title Mrs SALLY J SCOTT, MANAGING DIRECTOR



Registrant Name INTERNATIONAL BANKING Client Name FEDERATION (IBFed)

**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 \_\_\_\_\_ (one per page)

16. Specific lobbying issues

[Empty box for specific lobbying issues]

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

[Empty box for House(s) of Congress and Federal agencies contacted]

18. Name of each individual who acted as a lobbyist in this issue area *Use a page to continue adding lobbyists for this issue.*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	New
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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

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Printed Name and Title Mrs Sally J Scott, MANAGING DIRECTOR



Registrant Name INTERNATIONAL BANKING FEDERATION (IBFD) Client Name \_\_\_\_\_

**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

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	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
			City State Country		%

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

1

3

5

2

4

6

Additional information may be provided on a separate sheet.

Printed Name and Title Mrs Sally J Scott, MANAGING DIRECTOR

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