Clerk of the House of Representatives
Legislative Resource Center

B-106 Cannon Building

232 Hart Building

Weshierren EN 20010 Washington, DC 20515

232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

1. Registrant Natur AB Management Associates	, Inc.	
2. Address Check if different then previously reported 6123 Lundy Place, Burke, VA 22015		
3. Principal Place of Business (If different from line 2) City: State	/Zip (or Conorry)	: • •
Contact Name Telephone Larry Barnett 703-455-2332	E-mail (optional)	5. Senate ID# 33-24
. Client Name	Inc.	6. Bouse ID # 32970002
Check if this is a Termination Report □ Termination NCOME OR EXPENSES - Complete Either		I. No Lobbying Activity
INCOME OR EXPENSES - Complete Either	***************************************	***************************************
12. Lobbying Firms (NCOME relating to lobbying activities for this reporting period was:	13. Organization of the EXPENSES relating to lobbying activity period were:	•
ess than \$10,000 🔯	Less than \$10,000 🖸 🕏 \$	22 Dec
10.000 or more □ ⇒ 5	arotono ou munic ma> 1	•
Income (nearest \$20,000)		apenses (nearest \$20,000)
hecome (nearest \$20,000) rovide a good faith estimate, rounded to the nearest \$20,000, fall lobbying related income from the client (including all	14. REPORTING METHOD. Check accounting method. See instructions fo Method A. Reporting amounts usi	box to indicate expense r description of options.
heome (nearest \$20,000) Tovide a good faith estimate, rounded to the nearest \$20,000, fall lobbying related income from the client (including all ayments to the registrant by any other entity for lobbying	14. REPORTING METHOD. Check accounting method. See instructions fo	to box to indicate expense or description of options. In a LDA definitions only the section 6033(b)(8)of the
hecome (nexrest \$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	14. REPORTING METHOD. Check accounting method. See instructions fo Method A. Reporting amounts usi Method B. Reporting amounts und	box to indicate expense r description of options. ng LDA definitions only der section 6033(b)(8)of the der section 162(e) of the
	14. REPORTING METHOD. Check accounting method. See instructions fo Method A. Reporting amounts use Internal Revenue Code Method C. Reporting amounts undernal Revenue Code	box to indicate expense r description of options. ng LDA definitions only der section 6033(b)(8)of the der section 162(e) of the

AP Management Associates Registrant Name Chem N	Anne_ Pegasus Management, Inc.	
LOBBYING ACTIVITY. Select as many codes as necessal engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as need	ting period. Using a separate page for each code, provide	
15. General issue area codeAVI (one per page)		
16. Specific lobbying issues H.R. 1000, Aviationall provisions relating to airport facilities and equipment and related	n Investment and Reform Act, all Titles safety and capacity, development, ed provisions.	•
S, 82, Air Transportation Improvement relating to airport safety and capa	ent Act, all titles, all provisions acity, development, and related program	s.
H.R. 2084, DOT and Related Agencies programs.	s Appropriations Bill, FAA Title and	
17. House(s) of Congress and Federal agencies contacted	Check if None	
Department of Transportation Federal Aviation Administration House of Representatives Senate		
18. Name of each individual who acted as a lobbyist in this	issue area	
the state of the s		
Name	Covered Official Position (if applicable)	
. 1		
Name	Covered Official Position (if applicable)	
Name	Covered Official Position (if applicable) Ne	
Name	Covered Official Position (if applicable) No.	
Name	Covered Official Position (if applicable) No.	
Name	Covered Official Position (if applicable) O	
Name	Covered Official Position (if applicable) No. 1	
Name	Covered Official Position (if applicable) O	
Name	Covered Official Position (if applicable) O	
Name Larry Barnett	Covered Official Position (if applicable) O	
Name Larry Barnett	Covered Official Position (if applicable) No. Description (if applicable) No. Description (if applicable) No. Description (if applicable) Description (if applicable)	