

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

SECRETARY OF
07 FEB -9

LOBBYING REPORT

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

1. Registrant name			
Organization	Ben Barnes Group LP		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address	98 San Jacinto Boulevard	Suite	250
City	Austin	State	TX Zip Code 78701 Country
3. Principal place of business (if different than line 2)			
City		State	Zip Code Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Ben Barnes	512-322-0128	ben@benbarnesgroup.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Nix Patterson & Roach			6. House ID #
			33529

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 Activities

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"/> ⇒ \$ <u>60,000</u></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 reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b), Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e), Internal Revenue Code</p>
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Form

6

Printed Name and Title Ben Barnes

LD-2DS (Rev. 4.07)

Page

Registrant Name Ben Barnes Group LP

Client Name Nix Patterson & Roach

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

15. General issue area code TOR - Torts (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Assistance with issues relating to tort reform and legal

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Ben	Barnes		
Kent	Caperton		
Wyeth	Wiedeman		
Patsy	Thomasson		

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

Add a page for a di

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Printed Name and Title Ben Barnes

LD-2DS (Rev. 4.07)

Page _

Registrant Name Ben Barnes Group LP

Client Name Nix Patterson & Roach

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

1

3

2

4

ISSUE UPDATE

Find the code to select below.

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	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 affiliated organization

1

3

5

2

4

6

Add a page for more

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LD-2DS (REV. 4.07)