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| 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 THE SENATE

05 AUG 15 08:38 AM LOBBYING REPORT

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

| | | | |
|--|--------------------------|---------------------|----------------------------|
| 1. Registrant name | | | |
| Organization | McCann Capitol Advocates | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported | | | |
| P.O. Box 6185 | | | |
| City | McLean | State | VA |
| Zip Code | 22102-6185 | Country | USA |
| 3. Principal place of business (if different than line 2) | | | |
| City | Washington | State | DC |
| Zip Code | 20002 | Country | USA |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | Patrick J. McCann | 202-546-2884 | pat.mccann@mcadvocates.com |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| SITA | | | 75898-051 |
| | | | 6. House ID # |
| | | | 36064014 |

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

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> | \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ |
| 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). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Form Comp

Printed Name and Title Patrick J. McCann President

Registrant Name McCann Capitol Advocates Client Name SITA

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

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 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 or affiliated organization

| | | |
|----------|----------|----------|
| 1 | 3 | 5 |
| 2 | 4 | 6 |

Add a page for more updates.

Printed Name and Title Patrick J. McCann President

