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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	The Franklin Partnership, LLP
2. Address <input checked="" type="checkbox"/> Check if different than previously reported	
Address1	122 C Street, NW Suite 850
City	Washington State DC Zip Code 20001 Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name	
Prefix Full Name	b. Telephone number c. E-mail
Mr. Jeff Mrowka	202-393-8250 jmrowka@franklinpartnership.com
7. Client Name <input type="checkbox"/> Self	
Pipeline Safety Trust	
5. Senate ID #	
6. House ID #	

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting 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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form C

Printed Name and Title Omar Nashashibi, Partner

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Registrant Name The Franklin Partnership, LLP

Client Name Pipeline Safety Trust

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

15. General issue area code FUE - Fuel/Gas/Oil (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue 

Pipeline Safety Reauthorization

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

Dept. of Transportation

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Pete	Rose		
Omar	Nashashibi		
John	Guzik		

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

Add a page for a differ

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Printed Name and Title Omar Nashashibi, Partner

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LD-2DS (Rev. 4.07)

Page 2

Registrant Name The Franklin Partnership, LLP Client Name Pipeline Safety Trust

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	Si
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

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 Address C/S/Z	City State Country City State

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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc client
	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

Add a page for more u

Printed Name and Title Omar Nashashibi, Partner

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