

SECRET
07 FEB -

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	Ben Barnes Group LP
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	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
Prefix Full Name	c. E-mail
Mr. Ben Barnes	512-322-0128 ben@benbarnesgroup.com
5. Senate ID #	
7. Client Name <input type="checkbox"/> Self	6. House ID #
Reaud Morgan & Quinn	33529

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 A

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 accounting method. See instructions for description of each 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



Printed Name and Title Ben Barnes

LD-2DS (Rev. 4.07)

Page _

Registrant Name Ben Barnes Group LP

Client Name Reaud Morgan & Quinn

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

Assist on matters relating to tort reform and legal issues

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		
Wyeth	Wiedeman		
Kent	Caperton		
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 dit

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Printed Name and Title Ben Barnes.

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Page _

Registrant Name Ben Barnes Group LP

Client Name Reaud Morgan & Quinn

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

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

1

3

5

2

4

6

Add a page for more

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