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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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# LOBBYING REPORT

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

1. Registrant name			
Organization	Cascade Associates		
2. Address <input type="checkbox"/> Check if different than previously reported			
499 S. Capitol Street, SW, #606			
City	Washington	State	DC
Zip Code	20003	Country	US
3. Principal place of business (if different than line 2)			
City	Washington	State	DC
Zip Code	20003	Country	U
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Jennifer Schafer	202-554-5828	jasca@verizon.net
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
On Time Systems Inc.			43343-1
			6. House ID #
			3412001

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 06/30/2005

11. No Lobbying Act

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></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 align="center"><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Form 6

Printed Name and Title Jennife Schafer, President *Jennifer A. Schafer, Aug 3*



Registrant Name Cascade Associates Client Name On Time Systems Inc.

**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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code ENG - Energy/Nuclear (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

Comprehensive Energy Bill  
Budget Resolution

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. Senate  
U.S. House of Representatives

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Jennifer	Schafer	Ms.	President

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

*Add a page for the name*



Registrant Name Cascade Associates Client Name On Time Systems Inc.

**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 Erin Lane Ms. 3  
2 4

**ISSUE UPDATE**

Find the code to select below.

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

MED

**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

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	Other
	City	State/Province Country	City State Country		Other

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

