

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	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	c. E-mail
Prefix	Full Name		
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

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

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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><b>EXPENSES</b> 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 reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(t) 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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For

61

Printed Name and Title Ben Barnes

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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 if*

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 di*

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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**

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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	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 affiliated organization

1

3

5

2

4

6

Add a page for more

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