

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
---	--

SECRETARY OF THE

06 FEB 15 AM 1

LOBBYING REPORT

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

1. Registrant Name Clint Hackney			
2. Address <input type="checkbox"/> Check if different than previously reported 1201 Pennsylvania Avenue, Suite 300			
3. Principal Place of Business (if different from line 2) Washington DC 20004 City: State/zip (or Country)			
4. Contact Name Clint Hackney	Telephone (512) 751-3636	E-mail (optional) cphackney@yahoo.com	5. Senate ID # 35254001
7. Client Name <input type="checkbox"/> Self Advanced Payment System, LLC			6. House ID # 35254001

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

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>20,000.00</u> Income (nearest \$20,000)</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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</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>
---	---

0000073514

Signature [Handwritten Signature]

Date 2/16/06



Printed Name and Title

Clint Hackney

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name Clint Hackney Client Name Advanced Payment System, LLC

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

15. General issue area code CPT (one per page)

16. Specific lobbying issues

Licensing agencies to use patented smart card/finger-imaging system.
Support smart card/biometric systems for health care information technology and border security.

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

House of Representatives
Senate
Department of Homeland Security
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Clint Hackney	

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

Signature  Date 1/16/06

Printed Name and Title Clint Hackney

0000073515

Registrant Name Clint Hackney Client Name Advanced Payment System, LLC

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or 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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou

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

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, cl
affiliated organization

Signature 

Date _____

Printed Name and Title _____

1000073516

