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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 **Charles Shipp & Associates**

2. Address  Check if different than previously reported  
 Address1 **1730 Rhode Island Avenue Suite 317**  
 City **Washington DC** State **DC** Zip Code **20036** Country **US**

3. Principal place of business (if different than line 2)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 State/Zip or Country

4a. Contact Name Prefix <b>Mr.</b> Full Name _____	b. Telephone number _____	c. E-mail _____	5. Senate ID # <b>75114-0</b>
7. Client Name <input type="checkbox"/> Self <b>Comcast</b>			6. House ID # <b>3604600</b>

**TYPE OF REPORT** 8. Year 2005 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 Act

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

<p><b>12. Lobbying Firms</b></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>30,000</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>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 exp accounting method. See instructions for description of opt</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)(1) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Charles Shipp - President

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Printed Name and Title Charles Shipp - President



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4a. Contact Name Prefix <b>Mr.</b> Full Name _____	b. Telephone number _____	c. E-mail _____	5. Senate ID # <b>75114-0</b>
7. Client Name <input type="checkbox"/> Self <b>Caine Cortellino &amp; Associates</b>			6. House ID # <b>3604600</b>

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