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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	The CapAnalysis Group LLC		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	1299 Pennsylvania Avenue, NW	Suite 300	
City	Washington	State	DC
		Zip Code	20004
		Country	USA
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.	Jeffrey A. Eisenach	202-383-7276	eisenachj@capanalysis.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Recording Industry Association of America (RIAA)			77297-12
			6. House ID #
			3613200

**TYPE OF REPORT** 8. Year 2006 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 05/01/2006

11. No Lobbying Activity ☐

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ <u>                    </u>	\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ <u>                    </u>
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).	<b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Form Complete

Printed Name and Title Cynthia D. Goode, Administrative Assistant

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9/19/06

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Registrant Name The CapAnalysis Group LLCClient Name Recording Industry Association of America  
(RIAA)

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

15. General issue area code CSP - Consumer Issues/Safety/Protection (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Consumer protection issues related to Peer-to-Peer services.

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
James	Miller	III		<input type="checkbox"/>
Jeffrey A.	Eisenach			<input type="checkbox"/>
Charles	Webb			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Add a page for a different issue



Printed Name and Title Cynthia D. Goode, Administrative Assistant

LD-2DS (Rev. 4.06)

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Registrant Name The CapAnalysis Group LLCClient Name Recording Industry Association of America (RI**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	Suffix
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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)
<input type="text"/>	Address <input type="text"/>	City <input type="text"/>
	C/S/Z <input type="text"/>	State <input type="text"/> Country <input type="text"/>
<input type="text"/>	Address <input type="text"/>	City <input type="text"/>
	C/S/Z <input type="text"/>	State <input type="text"/>

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	Ownership percentage i client
<input type="text"/>	Street Address <input type="text"/>	City <input type="text"/>	<input type="text"/>	<input type="text"/>
	City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/>	State <input type="text"/> Country <input type="text"/>		

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

1  3  5

2  4  6

Add a page for more updates

Printed Name and Title

Cynthia D. Goode, Administrative Assistant

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