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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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SECRETARY OF

05 FEB 23 A

# LOBBYING REPORT

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

|   |                                |                     |                    |
|---|--------------------------------|---------------------|--------------------|
| 1. Registrant name  |                                |                     |                    |
| Prefix  | Mr.                            | First               | David              |
|   |                                | Last                | Leach              |
| 2. Address <input type="checkbox"/> Check if different than previously reported |                                |                     |                    |
| Address1  | 1775 Pennsylvania Avenue, N.W. |                     | Suite 716          |
| City  | Washington                     | State               | DC                 |
|   |                                | Zip Code            | 20006-4605         |
|   |                                | Country             | US                 |
| 3. Principal place of business (if different than line 2)                       |                                |                     |                    |
| City  | State                          | Zip Code            | Country            |
| City  | State/Zip or Country           |                     |                    |
| 4a. Contact Name  |                                | b. Telephone number | c. E-mail          |
| Prefix  | Full Name                      |                     |                    |
| Mr.   | David C. Leach                 | (202) 429-1477      | dleach@dcleach.com |
| 7. Client Name <input type="checkbox"/> Self                                    |                                |                     | 5. Senate ID #     |
| News Corporation  |                                |                     | 28711111           |
|   |                                |                     | 6. House ID #      |
|   |                                |                     | 3702200            |

**TYPE OF REPORT** 8. Year \_\_\_\_\_ 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 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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 60,000</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"><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> |
|---|---|

Form C

*David C. Leach* 2/11/05

Printed Name and Title David C. Leach







Registrant Name David Leach

Client Name News Corporation

**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 | S |
|--------------------------|-----------|--------|--------------------------|-----------|---|
| <input type="checkbox"/> |           |        | <input type="checkbox"/> |           |   |
| <input type="checkbox"/> |           |        | <input type="checkbox"/> |           |   |

**ISSUE UPDATE**

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

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address                              | Principal place of Business (city and state or country) |
|------|--------------------------------------|---|
|      | Address<br>C/S/Z<br>Address<br>C/S/Z | City<br>State<br>Country<br>City<br>State               |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

**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 | Own per cent |
|------|----------------|------------------------|---|--|--------------|
|      | City           | State/Province Country | City<br>State Country                                   |  |              |

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

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Add a page for more

Printed Name and Title David C. Leach

*David C. Leach* 2/11/11

