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### LOBBYING REPORT

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

1. Registrant Name  
McNamara + Associates

2. Address  Check if different than previously reported  
100 Daingerfield Road, Alexandria, VA 22314

3. Principal Place of Business (if different from line 2)  
City: \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

4. Contact Name Telephone E-mail (optional) 5. Senate ID #  
Thomas J. McNamara, Jr., 703-519-8197 24670-36

7. Client Name  Self 6. House ID #  
Printing Industries of America 33656001

TYPE OF REPORT 8. Year 1999 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 Activity

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

12. Lobbying Firms	13. Organizations
<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</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>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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature [Signature]  
Printed Name and Title Thomas J. McNamara, Jr. President

Registrant Name McNamara Associates Client Name Printing Industries of America

**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 SMB (one per page)

16. Specific lobbying issues  
Small business issues.  
Non-union firm

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

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

Name	Covered Official Position (if applicable)	New
<u>Thomas J. McNamara</u>		<input type="checkbox"/>
		<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

Signature [Signature] Date 8-7-99  
Printed Name and Title Thomas J. McNamara, Jr. President

Registrant Name: McNamara + Assocs. Client Name: Printing Industries of America

**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.

1. General issue area code TAX (one per page)

2. Specific lobbying issues

Equipment depreciation

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

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

Name	Covered Official Position (if applicable)	New
<u>Thomas J. McNamara</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature: [Signature] Date: 8-7-99  
Printed Name and Title: Thomas J. McNamara, Jr., President

Registrant Name: McNamara + Associates Client Name: Printing Industries of America

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.

1. General issue area code: HCR (one per page)

2. Specific lobbying issues

Managed Care Legislation

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

US House of Representatives  
US Senate

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

Name	Covered Official Position (if applicable)	New
<u>Thomas J. McNamara</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature: [Signature] Date: 8-7-99  
Printed Name and Title: Thomas J. McNamara, President