Clear all data and reset fields >

Go to 'Form Complete' >

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

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One ☐ New Registrant ☒ New Client for Existing Registrant ☐ Amendment

Check if this is an Amended Registration ☒ Yes ☐ No

1. Effective Date of Registration (mm/dd/yyyy) 9/25/2006

2. House Identification Number 35943 Senate Identification Number 73271

REGISTRANT

☒ Organization ☐ Individual

3. Registrant name Organization McBee Strategic Consulting, LLC.

Address 701 Pennsylvania Ave., NW Address2 Suite 675

City Washington State DC Zip 20004 Country USA

4. Principal place of business (if different than line 3)

City State Zip Country

5. Telephone number and contact name Prefix Full Name

Telephone 202-234-1224 Contact Ms. Becky Robinson E-mail brobinson@mcbeestrategic.com

6. General description of registrant's business or activities

Government and Appropriations Advocacy

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check the box labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Corrections Corporation of America

Address 10 Burton Hills Boulevard

City Nashville State TN Zip 37215 Country USA

8. Principal place of business (if different than line 7)

City State Zip Country

9. General description of client's business or activities

Specializes in design, building & management of prisons, jails & detention facilities.

LOBBYISTS

Go to page 3 to add more lobbyists >

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Steve	McBee		
Jeff	Markey		
Menda	Fife		Pro Staff Member, Senate Defense Approp Subcom
Gina Marie	Lindsey		
Rob	Chamberlin		Chief Counsel, Senate Commerce Committee

Go to 'Form Complete' >

Registrant Name McBee Strategic Consulting, LLC. Client Name Corrections Corporation of America

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbying issues >

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

BUD HOM LAW

12. Specific lobbying issues (current and anticipated)

Strategic input to Corrections Corporation of America for its work in public sector markets.

AFFILIATED ORGANIZATIONS

Go to page 3 to add more organizations >

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

Go to page 3 to add more foreign entities >

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
		City State Country		%
		City State Country		%

Edit Form > Form Complete >

Senate Password File with Senate >

Signature Becky S Robinson Digitally signed by Becky S Robinson DN: CN = Becky S Robinson, C = US, O = DST Aces Unaffiliated Individual Reason: I am the author of this document. Date: 2006.10.03 12:23:38 -04'00' Date 10/3/2006

Printed Name and Title Becky Robinson, Office Manager

Go to 'Form Complete' >
Delete this page >

Registrant Name McBee Strategic Consulting, LLC. Client Name Corrections Corporation of America

ADDITIONAL LOBBYISTS

Return to page 2 to finish the form <

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Glynda	Becker		Associate Political Director, White House
Jill	Long		Senate CJS Appropriations Subcommittee
Rob	Hobart		Deputy Chief of Staff, US House of Representatives

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish the form <

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish the form <

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish the form <

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
		City State Country		%
		City State Country		%
		City State Country		%

Add an additional supplementary information page >

Signature *Document digitally signed on Page 2.* Date 10/3/2006

Printed Name and Title Becky Robinson, Office Manager