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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name Sonnenschein Nath & Rosenthal LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1301 K Street, NW Suite 600, East Tower Washington, DC 20005			
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 #
Mike McNamara	202.408.6400		36105-137
7. Client Name <input type="checkbox"/> Self			6. House ID #
Christopher Reeve Paralysis Foundation			33854010

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000</u> <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <ul style="list-style-type: none"> <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6031 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 1631 Internal Revenue Code

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Sonnenschein Nath & Rosenthal LLP Client Name Christopher Reeve Paralysis Foundation

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

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Christopher Reeve Paralysis Research and Quality of Life Act
Federal investment in disability and public health programs

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

U.S. Senate
U.S. House of Representatives
U.S. Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Douglas P. McCormack	
Katie Clarke Adamson	
Adam Gluck	Staff Member, U.S. Senate HELP Committee
Diane Canova	
Alison Kutler	
Hank Moore	Clerk, U.S. House Appropriations Subcommittee

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

Signature _____ Date _____

Sonnenschein Nath & Rosenthal LLP Christopher Reeve Paralysis Foundation
Registrant Name Client Name

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City State/Zip (or 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

Katie Clarke Adamson
Diane Canova

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Table with 3 columns: Name, Address, Principal Place of Bus (city and state or cot)

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

FOREIGN ENTITIES

27. Add the following foreign entities

Table with 4 columns: Name, Address, Principal place of business (city and state or country), Amount of contribution for lobbying activities

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

Signature [Handwritten Signature] Date 8/14/04

