

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE
04 AUG 16 PM

LOBBYING REPORT

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

1. Registrant Name PRESTON GATES ELLIS & ROUVELAS MEEDS LLP			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1735 NEW YORK AVE, NW SUITE 500 City WASHINGTON State/Zip (or Country) DC 20006			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name TERRI PAULK	Telephone 202 628 1700	E-mail (optional) TERRIP@PRESTONGATES.COM	5. Senate ID # 32098-3312
7. Client Name <input type="checkbox"/> Self FAIR ECONOMY ACTION FUND			6. House ID # 31355-213

TYPE OF REPORT 8. Year 2004 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 Activities

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>\$20,000.00</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 method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6011 of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____ Date _____

Printed Name and Title **MICHAEL EVANS - PARTNER** _____ P:

Registrant Name: PRESTON GATES ELLIS & ROUVELAS MEEDS LLP

Client Name: FAIR ECONOMY ACTION FUND

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 RES (one per page)

16. Specific Lobbying issues
Oppose repeal of the estate tax.

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

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

Name	Covered Official Position (if applicable)
EVANS, MICHAEL	Chief Cnsl & Dep. Staff Director - Senate Fin Com

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

Signature _____ Date _____

Printed Name and Title **MICHAEL EVANS - PARTNER** _____ Page

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Client Name: FAIR ECONOMY ACTION FUND

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 TAX (one per page)

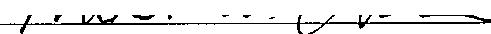
16. Specific Lobbying issues
Oppose repeal of the estate tax.

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

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

Name	Covered Official Position (if applicable)
EVANS, MICHAEL	Chief Cnsl & Dep. Staff Director - Senate Fin Com

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

Signature  Date _____

Printed Name and Title **MICHAEL EVANS - PARTNER** Page _____