

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE

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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 # 32098-618
7. Client Name <input type="checkbox"/> Self SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM			6. House ID # 31355969

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
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ 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 accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p>

Signature _____ Date _____

Printed Name and Title **SUSAN GEIGER - ATTORNEY** _____ Pa

Registrant Name: PRESTON GATES ELLIS & ROUVELAS MEEDS LLP

Client Name: SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

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 DEF (one per page)
- 16. Specific Lobbying issues
H.R.4613, S.2559, Department of Defense Appropriations Act, 2005 , funding related to the clean up of forr defense sites.

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

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

Name	Covered Official Position (if applicable)
AYRES, LARRY	
GEIGER, SUSAN	

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

Signature _____ Date _____

Printed Name and Title **SUSAN GEIGER - ATTORNEY** _____ Pa

Registrant Name: PRESTON GATES ELLIS & ROUVELAS MEEDS LLP

Client Name: SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

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
COOPER, STEPHEN

ISSUE UPDATE

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

MED

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

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 registrant or affiliated organization

Signature

Stephan Cooper

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Date 08/02/2004

Signature  Date _____

Printed Name and Title SUSAN GEIGER - ATTORNEY Pa