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SECRETARY OF OUR SERVICE

LOBBYING REPORT 46

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

1. Registrant name					
Organization Powell Goldstein, LLP					
2. Address Check if different than previously reported					
Address 901 New York Avenue, NW	Third Floor				
City Washington State De	C Zip Code 20001 Country US				
3. Principal place of business (if different than line 2)					
City State City State/Zi	Zip Code Country				
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID #				
	y@pogolaw.com 31942-10				
7. Client Name Self	6. House ID#				
Memorial Sloan-Kettering Cancer Center	312550§				
10. Check if this is a Termination Report					
12. Lobbying Firms	13. Organizations				
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:				
Less than \$10,000 🗵	Less than \$10.000				
\$10,000 or more	\$10,000 or more				
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt				
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions Method B. Reporting amounts under section 6033(b)(Internal Revenue Code				
	Method C. Reporting amounts under section 162(e) o Revenue Code				

Form C

Printed Name and Title Cynthia E. Berry, Partner

February 14, 2005

Page 1

Powell C	aldatain II	D		_{Vame} Memoria	ıl Sloan-Ketteri	na Cance	er C
Registrant Name Powell G							
Information Updat	te Page -	Complete ONLY w	here regi	stration info	rmation has o	hanged:	•
20. Client new address Address							
City		:	State	Zip Code	;	Country	
21. Client new principal	place of busin	ness (if different than lin	e 20)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City	***************************************		State	Zip Code		Country	·····
22. New general descript	ion of client's	s business or activities					
LOBBYIST UPDAT 23. Name of each previ		ted individual who is r	10 longer	expected to act	as a lobbyist fo	or the clie	
First Name	Last Name	Suffix	_	First Name	Last Name		5
1			3				
2			4				
ISSUE UPDATE	-		F	Find the code to	select below.		
24. General lobbying is	ssues that n o	longer pertain	•	1110 0000 11	, 001001 2010		
		•					
AFFILIATED ORG	ANIZATI	ONS			•	*****	
25. Add the following a	affiliated org	anization(s)			·		
Name	Address			Principal place of Busine (city and state or count			
		Address			City		
No.		C/S/Z			State	Count	гу
	•	Address C/S/Z			City State		
26. Name of each prev	iously rangr	<u> </u>	no longe	r affiliated witl		or client	—
26. Name of each prev	lously repor	2	o no longe	1 annuace was	, are regionant]	or chem	
	-			<u> </u>]		
FOREIGN ENTITI		ar					
27. Add the following f		Address	. Principal	place of business	Amount of cor	tribution	Ov
	Street Address City	State/Province Country	(city and	l state or country)	for lobbying a	ctivities	pe clis
			City				
			State	Country			
28. Name of each previous		foreign entity that no lo	nger owns.	or controls, or	s affiliated with	the registr	ant.
affiliated organization	l	[2]		ĺ	5		
ഥ a		[3] [4]			<u>5</u>		
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	lyn	dus Keny	(
Printed Name and Title	Cynthia E	Berry, Partner	<i>'</i>		Fe	bruary 14	4, 2