

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

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

RECEIVED.  
SECRETARY OF THE SENATE

04 AUG 12 PM 1:16

## LOBBYING REPORT

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

1. Registrant Name <b>Murray, Montgomery, &amp; O'Donnell</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>101 Constitution Avenue</b> Suite <b>900</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20001</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>John H. Montgomery</b>	Telephone <b>202-742-4400</b>	E-mail (optional) <b>jhmlaw@erols.com</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Oklahoma State Medical Association</b>			6. House ID # <b>31776022</b>

**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
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$10,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **John H. Montgomery -** \_\_\_\_\_ P:

Registrant Name: Murray, Montgomery, & O'Donnell

Client Name: Oklahoma State Medical Association

**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 BUD (one per page)

16. Specific Lobbying issues  
**None, Monitor legislation as it relates to client,**

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

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

Name	Covered Official Position (if applicable)
<b>Montgomery, John H.</b>	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **John H. Montgomery -** \_\_\_\_\_ Pg

Registrant Name: Murray, Montgomery, & O'Donnell

Client Name: Oklahoma State Medical Association

**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 HCR (one per page)

16. Specific Lobbying issues  
**None, Monitor legislation as it relates to client,**

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

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

Name	Covered Official Position (if applicable)
<b>Montgomery, John H.</b>	

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

Signature *John H. Montgomery*

Signature \_\_\_\_\_

Printed Name and Title **John H. Montgomery -** \_\_\_\_\_ P: