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SECRETARY

05 FEB 2

LOBBYING REPORT

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

1. Registrant Name Ropes & Gray LLP			
2. Address <input type="checkbox"/> Check if different than previously reported One Metro Center, 700 12th St. NW, Suite 900			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20005			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Thomas M. Susman	(202) 508-4620	tsusman@ropesgray.com	3368
7. Client Name <input type="checkbox"/> Self Cystic Fibrosis Foundation			6. House ID # 3072

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec9. 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

<p align="center">12. Lobbying Firms</p> <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 align="center">13. Organizations</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</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Ropes & Gray LLP Client Name Cystic Fibrosis 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 BUD (one per page)

16. Specific lobbying issues

FY 2005 NIH Appropriations

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Elizabeth Goss, Partner	
Patricia Stanco, Paralegal	

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

Signature _____ Date 2/14/2005

Registrant Name Ropes & Gray LLP Client Name Cystic Fibrosis 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 and provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Funding for Cystic Fibrosis Research

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Elizabeth Goss, Partner	

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

Signature  Date 2/14/2005

