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SECRETARY OF THE SENATE
04 AUG 13 AM 11:52

LOBBYING REPORT

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

1. Registrant Name J. Patrick Rooney			
2. Address <input type="checkbox"/> Check if different than previously reported 7440 Woodland Drive			
3. Principal Place of Business (if different from line 2) Indianapolis IN 46278 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
J. Patrick Rooney	(317) 297-4123		33671-12
7. Client Name <input type="checkbox"/> Self Golden Rule Insurance Company			6. House ID # 33373000

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	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> 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>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 reporting method. See instructions for description of each method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature

J. Patrick Rooney

Date

8-9-04

✓
Printed Name and Title

✓
J. Patrick Rooney, Consultant

LD-2 (REV. 4/03)

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Registrant Name J. Patrick Rooney Client Name Golden Rule Insurance Company

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 583
H.R. 4662
H.R. 2851
H.R. 4092
H.R. 3901
S. 1570

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

United States House of Representatives
United States Senate
United States Department of Treasury
United States Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
J. Patrick Rooney	

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

Signature J. Patrick Rooney Date 8-9-04

Registrant Name J. Patrick Rooney Client Name Golden Rule Insurance Company

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 2765, H.J. Res. 73, S. 1583, H.R. 2673

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

United States House of Representatives
United States Senate
United States Department of Education

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

Name	Covered Official Position (if applicable)
J. Patrick Rooney	

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

Signature *J. Patrick Rooney* Date 8-9-0

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

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