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LOBBYING REPORT

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

1. Registrant Name <u>Laura Gogal</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>308 Pine Street</u>			
3. Principal Place of Business (if different from line 2) City: <u>Falls Church</u> State/Zip (or Country) <u>VA. 22046</u>			
4. Contact Name <u>Laura Gogal</u>	Telephone <u>703-536-0471</u>	E-mail (optional)	5. Senate ID # <u>76478</u>
7. Client Name <input type="checkbox"/> Self <u>St. Louis 2004</u>			6. House ID # <u>36102</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec 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

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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA deferral</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6621 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature Laura S. Gogal
 Title Laura Gogal, Health Care Consultant

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Laura Gogal Client Name St. Louis 2004

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

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

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program submitted by The State of Missouri on August 21, 2

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

U.S. House of Representatives
U.S. Senate
U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

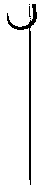
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Laura Gogal</u>	<u>N/A</u>
.....
.....
.....
.....
.....
.....

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

Signature Laura S. Gogal Date 2/11/03

Printed Name and Title Laura Gogal, Health Care Consultant



Registrant Name Laura Gogal

Client Name St. Louis 2004

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

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

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program submitted by the State of Missouri on August 21, 200

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

U.S. House of Representatives
U.S. Senate
U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
<u>Laura Gogal</u>	<u>N/A</u>
.....
.....
.....
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.....
.....
.....

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

Signature Laura S. Gogal

Date 2/11/03

Printed Name and Title Laura Gogal, Health Care Consultant

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Registrant Name Laura Gogal Client Name St. Louis 2004

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co)
.....

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 affiliated organization

Signature Laura S. Gogal Date 2/11/03

Printed Name and Title Laura Vogel, HEALTH CARE CONSULTANT

Form LD-2 (Rev. 6/98)

Page