

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
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SECRETARY OF THE SENATE  
04 SEP 24 PM 2:01

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 8/11/2004

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name BRACEWELL & PATTERSON, L.L.P.

Address 2000 K STREET, NW, SUITE 500

City WASHINGTON

State DC

Zip 20006

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 828-5841

Contact MICHAEL L. PATE

E-mail (optional) mike.pat

6. General description of registrant's business or activities

LAW FIRM

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should che-*

*labeled "Self" and proceed to line 10.*  Self

7. Client name Memorial Hermann Hospital System

Address 9401 Southwest Freeway, Suite 401

City Houston

State TX

Zip 77074

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Financial Institution

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any in this section has served as a "covered executive branch official" or "covered legislative branch official" within two acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Ed Bethune	
William T. Brack	
Jim Chapman	



Registrant Name: **Bracewell & Patterson, L.L.P.** Client Name: **MEMORIAL HERMAN HOSPITAL SYSTEM**

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative branch position(s) in which the person served*

Name	Covered Official Position (if applicable)
<b>Michael L. Pate</b>	
<b>Scott H. Segal</b>	
<b>Edward Krenik</b>	<b>Associate Administrator for Congressional &amp; Intergovernmental Relations Environmental Protection Agency</b>
<b>Milam Mabry</b>	<b>Former Legislative Assistant, Senator Kay Bailey Hutchison (2001 - 2006)</b>
<b>Frank V. Maisano</b>	
<b>E. Dee Martin</b>	
<b>Ricardo Reyes</b>	
<b>Joshua C. Zive</b>	

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Registrant Name BRACEWELL & PATTERSON, L.L.P. Client Name Memorial Hermann Hospital System

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

APP      BUD      HCR

12. Specific lobbying issues (current and anticipated)

Provide advice and counsel regarding legislative issues affecting health care industry.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No → Go to line 14.       Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or supervises the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the operation of the lobbying activity?

No → Sign and date the registration.       Yes ↓ Complete the rest of this section for each matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature *Mark J. Pet* Date 09/01/200

Printed Name and Title MICHAEL L. PATE, PARTNER

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Form LD-1 (Rev. 04/03)

