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# LOBBYING REPORT

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

1. Registrant Name  
HALLELAND LEWIS NILAN SIPPINS & JOHNSON P.A.

2. Address  Check if different than previously reported  
600 PILLSBURY CENTER SOUTH, 220 SOUTH SOUTH STREET

3. Principal Place of Business (if different from line 2)  
City: MINNEAPOLIS State/Zip (or Country) MN 55402

4. Contact Name <u>DAVID MILLER</u>	Telephone <u>612-204-4144</u>	E-mail (optional) <u>dmiller@halleland.com</u>	5. Senate ID # <u>91535-</u>
7. Client Name <input type="checkbox"/> Self <u>CEDAR RIVERSIDE PEOPLE'S CENTER</u>			6. House ID #

TYPE OF REPORT 8. Year 2003 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 12/31/2003

11. No Lobbying

## 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 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" 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</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>
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Signature

Printed Name and Title

DAVID MILLER, ADMINISTRATIVE ASSISTANT



Registrant Name HALLFLAND LEWIS NILAN Client Name CEDAR RIVERSIDE PEOPLES CENT

**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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

CONTINUING APPLICATION FOR FEDERAL FUNDS

17. House(s) of Congress and Federal agencies contacted

Check if None

CONGRESS  
U.S. SENATE  
BUREAU OF PRIMARY HEALTHCARE (BPHC)  
HRSA

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

Name	Covered Official Position (if applicable)
<u>CRISTINE ALMEIDA</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 9/7/2004

Printed Name and Title DAVID MILLER ADMINISTRATIVE ASSISTANT



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**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 and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

CONTINUING APPLICATION FOR FEDERAL FUNDS

17. House(s) of Congress and Federal agencies contacted

Check if None

CONGRESS

U.S. SENATE

BUREAU OF PRIMARY HEALTH CARE (BPHC)

HRSA

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

Name	Covered Official Position (if applicable)
<u>CRISTINE ALMEIDA</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_ Date 9/7/2004

Printed Name and Title \_\_\_\_\_



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**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

CRISTINE M. ALMEIDA

**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 regist affiliated organization

Signature  Date 9/7/2004

Printed Name and Title DAVID MILLER ADMINISTRATIVE ASSISTANT



### DISCLOSURE OF LOBBYING ACTIVITIES

Approved t  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: MN - 5th CD	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  NONE  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> Health Resources and Services Administration (HRSA)	<b>7. Federal Program Name/Description:</b> Federally Qualified Health Center "New Start" CHC 330 CFDA Number, if applicable: 93.224	
<b>8. Federal Action Number, if known:</b> 1 H80 CS 00859-01	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): Almeida, Cristine M. Hallelund Law Firm 600 Pillsbury Center S. Minneapolis, MN 55402	<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Rep Standard Form LLL (Rev

