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LOBBYING REPORT

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

1. Registrant Name Olsson, Frank and Weeda, P.C.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1400 16th Street, N.W. Suite 400 City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name John W. Bode		Telephone 789-1212	E-mail (optional) 5. Senate ID # 30212-657
7. Client Name <input type="checkbox"/> Self SterilMed		6. House ID # 30804059	

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

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 Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Income (nearest \$20,000)</div> 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).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) the Internal Revenue Code

Signature  Date 8/13/2004

Printed Name and Title John W. Bode - Attorney Pag

Registrant Name: Olsson, Frank and Weeda, P.C.

Client Name: SterilMed

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
Stroschein, Ryan

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 Bus (city and state or cour

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 registrar or affiliated organization

Signature _____ Date 8/13/2004

Printed Name and Title John W. Bode - Attorney Page