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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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SECRETARY OF THE SEN 05 HAR 10 AH 11: 2

1. Registrant name			
Organization	Tew Cardenas LLP		
2. Address	Check if different than previously reported		
1717 Pe	nnsylvania Avenue, NW, Suite 650		
City Washing	ton State [	Zip Code 20006	Country USA
3. Principal place of busing	ess (if different than line 2)		
City City	State State/i	Zip Code Zip or Country	Country
4a. Contact Name Prefix Full Name	b. Telephone number	c. E-mail	5. Senate ID#
Mr, J.Eric Gou 7. Client Name	d 202-874-1399		6. House ID #
9. Check if this filing ame	8. Year 2004 Midyear (Januands a previously filed version of this report	¢	
TYPE OF REPORT  9. Check if this filing ame  10. Check if this is a Term  INCOME OR EX	8. Year 2004 Midyear (Janua nds a previously filed version of this report	12 OR Line 13	· •
9. Check if this filing ame 10. Check if this is a Term  INCOME OR EXI	8. Year 2004 Midyear (Janua nds a previously filed version of this report ination Report  Termination Date  Either Line	12 OR Line 13	11. No Lobbying Activ
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Printed Name and Title Sloan Rappoport, Partner

Client Name Excalibur Health Systems			
s as necessary to reflect the general issue areas in which the reg the reporting period. <b>Using a separate page for each code</b> , <b>e</b> (s) as needed.			
(one per page)			
Add page to continue specific issues description for this issue			
ontacted Check if None			
yist in this issue area Add a page to continue additing lobbyists for this			
Covered Official Position (if applicable)			
Senior Advisor to the Secretary of Commerce			



LD-2DS (REV. 4/03)

Page 2

Registrant Name Tew Card	enas LLP	Client N	ame Excalibur I	Health Systems	··············	
Information Update	e Page - Complete ON	LY where regis	stration inforn	nation has change	ed.	
20. Client new address		<u> </u>				
Address						
City		State	Zip Code	Coun	try	
21. Client new principal p	lace of business (if different t	han line 20)				
City		State	Zip Code	Cour	itry	
22. New general description	on of client's business or activ	/ities			.,,.	
LOBBYIST UPDAT	₹.					
23. Name of each previous	ously reported individual w		expected to act a	s a lobbyist for the	:lient	
First Name	Last Name Suf	_	First Name	Last Name	Suffi	
<u>1</u>		3				
2		4				
ISSUE UPDATE						
	sues that no longer pertain	F	ind the code to	select below.		
24. General 1000ying is.	oues that no longer portain					
AFFILIATED ORG	ANIZATIONS					
25. Add the following a	ffiliated organization(s)					
Name		Address		Principal place of Business		
				(city and state o	r country)	
	Address			City		
	C/S/Z				ountry	
	Address C/S/Z			City State		
	-		- effiliated with		nt.	
26. Name of each previ	ously reported organization	that is no longe		me registrant or che	THE .	
1	2		3			
FOREIGN ENTITII	ES			<u> </u>		
27. Add the following f						
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	City State/Province		state or country)	for lobbying activities	client	
		City				
		State	Country			
			•	ACCITICATE AND ADDRESS OF THE ACCIDENT		
28. Name of each previou affiliated organization	isly reported foreign entity th	at no longer owns,	<u>or</u> controls, <u>or</u> is	anniated with the reg	gistrant, C	
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