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LOBBYING REPORT

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

1. Registrant Name APCO Worldwide Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1615 L Street, NW, Suite 900, Washington, DC 20036			
3. Principal Place of Business (if different from line 2) N/A City: _____ State/zip (or Country) _____			
4. Contact Name Lynley A. Ogilvie	Telephone (202) 778-1042	E-mail (optional)	5. Senate ID # 4117-1038
7. Client Name <input type="checkbox"/> Self Skagit County Public Hospital District 1			6. House ID # 30920077

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 Lobbying

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: center;">Income (nearest \$20,000)</div>	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: center;">Expenses (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).	14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of each method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date _____

Printed Name and Title

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Registrant Name APCO Worldwide Inc. Client Name Skagit County Public Hospital District 1

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

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

16. Specific lobbying issues

Transportation Appropriations

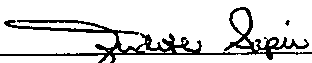
17. House(s) of Congress and Federal agencies contacted Check if None

United States House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Jake Johnston	

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

Signature  Date 2/14/05

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

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