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|---|--|
| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

SECRETARY OF THE SENATE

05 FEB 23 AM 11:14

**LOBBYING REPORT**

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

## 1. Registrant name

Organization **Tew Cardenas LLP**2. Address ☐ Check if different than previously reportedAddress1 **1717 Pennsylvania Ave., NW, Suite 650**City **Washington**State **DC**Zip Code **20006**Country **USA**

## 3. Principal place of business (if different than line 2)

City

State

Zip Code

Country

## 4a. Contact Name

Prefix Full Name

**Mr. J. Eric Gould**

## b. Telephone number

**202-974-1399**

## c. E-mail

## 5. Senate ID #

**284573-378**

## 7. Client Name

☐ Self**Specialty Disease Management Services Inc.**

## 6. House ID #

**36766016****TYPE OF REPORT**8. Year **2004**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 \_\_\_\_\_11. No Lobbying Activity ☐**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13****12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐\$10,000 or more ☒ ⇨ \$ **30,000**

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).

**13. Organizations**

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐\$10,000 or more ☐ ⇨ \$ \_\_\_\_\_

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option:

- ☐ **Method A.** Reporting amounts using LDA definitions only
- ☐ **Method B.** Reporting amounts under section 6033(b)(8) of Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(e) of the Revenue Code

**Form Com**Printed Name and Title **Sloan Rappoport, Partner**



**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide the information as requested. Attach additional page(s) as needed.

## 16. Specific lobbying issues

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this*

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

Add a page for a differen



Registrant Name Tew Cardenas LLP Client Name Specialty Disease Management Service

### Information Update Page - Complete ONLY where registration information has changed.

#### 20. Client new address

Address

City

State

Zip Code

Country

#### 21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

### ISSUE UPDATE

Find the code to select below.

#### 24. General lobbying issues that **no longer** pertain

### AFFILIATED ORGANIZATIONS

#### 25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business<br>(city and state or country) |
|------|---------|--|
|      | Address | City   |
|      | C/S/Z   | State Country  |
|      | Address | City   |
|      | C/S/Z   | State  |

#### 26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

### FOREIGN ENTITIES

#### 27. Add the following foreign entities

| Name | Address                     | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Owner:<br>percent<br>client |
|------|-----------------------------|--|---|-----------------------------|
|      | Street Address              |  |   |                             |
|      | City State/Province Country | City   |   |                             |
|      |                             | State Country  |   |                             |

#### 28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client

1

3

5

2

4

6

Add a page for more up

Printed Name and Title Sloan Rappoport, Partner

