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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration January 1, 200

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant Name McDermott Will & Emery LLP

Address 600 13th Street, NW

City Washington

State DC

Zip 20005-3096

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 756-8024

Contact Karen S. Sealander

E-mail (optional)

ksealander@mwe.com

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should box labeled "Self" and proceed to line 10.* *Self*

7. Client Name Providence St. Vincent's Medical Center

Address 9025 SW Barnes Road

City Portland

State OR

Zip 97225

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If an listed in this section has served as a "covered executive branch official" or "covered legislative branch official" v two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the served.*

Name	Covered Official Position (if applicable)
Karen S. Sealander, Counsel	
Maggie A. Mitchell, Associate Legislative Director	

WDC99 1042416-1.032036.0010

Registrant Name McDermott Will & Emery LLPClient Name Providence St. Vincent**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

MMMHCR

12. Specific lobbying issues (current and anticipated)

Access to high risk obstetrical and neonatal services

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during the semianual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

 No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes a foreign entity that matches the criteria above; **OR**
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

 No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

Signature Karen S. SealanderDate February 14, 2005Printed Name and Title Karen S. Sealander, Counsel

