

SECRETARY OF THE SENATE

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

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

1. Registrant Name Elizabeth Glaser Pediatric AIDS Foundation			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1140 Connecticut Ave, NW Suite 200 Washington, D.C. 20036			
3. Principal Place of Business (if different from line 2) 2950 31st Street, Suite 125 City Santa Monica State/Zip (or Country) CA 90405			
4. Contact Name Pamela Barnes	Telephone 202-296-9165	E-mail (optional)	5. Senate ID# 77195-12
7. Client Name <input checked="" type="checkbox"/> \Rightarrow Self			6. House ID# 36135000

TYPE OF REPORT8. Year 2004Midyear (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 13**

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less Than \$10,000 <input type="checkbox"/>	Less Than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> \Rightarrow \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> \Rightarrow \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title Pamela Barnes, Chief Operating Officer

Registrant Name Elizabeth Glaser Pediatric AIDS Foundation Client Name Self

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

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

16. Specific lobbying issues

Global AIDS Programs; Pediatric Rule, Children's Health Programs and Domestic AID Programs

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

U.S House of Representatives; U.S. Senate; USAID; US Department of State; US Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Mark Isaac	
Natasha Bilimoria	
Jeanne Ireland	
Mike Skonieczny	Legislative Assistant Representative Rosa L. DeLauro

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 Pamela Barnes, Chief Operating Officer

Registrant Name Elizabeth Glaser Pediatric AIDS FoundationClient Name Self**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 UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client**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 Business (city and state or country)
Elizabeth Glaser Pediatric Research Network	2950 31st St, Suite 125 Santa Monica, CA 90405	770 Welch Road, 4th Floor Palo Alto, CA 94304
Elizabeth Glaser Pediatric Research Foundation	2950 31st St, Suite 125 Santa Monica, CA 90405	

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	Owner's percenta client

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

Signature _____

Date _____

Printed Name and Title

Pamela Barnes, Chief Operating Officer

