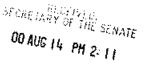
Cierk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Sonate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REPORT

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

1. Registrant Name PRESTON GATES ELLIS & ROUVELAS MEEDS LI	.P	
2. Address [] Check if different than previously reported 1735 NEW YORK AVE, NW WASHINGTOS SUITE 500 DC 20006	N	
3. Principal Place of Business (if different from line 2)		
City State/Zip (or Country)		
	if (eptional)	S. Senate ID # 32098-1038
7. Client Name  Solf  LAKE MICHIGAN CARFERRY SERVICE, INC.		6. House (1) # 31355
TYPE OF REPORT 8. Year 2000 Midyear.  Check if this filing amends a previously filed version of the Check if this is a Termination Report >> Termination	is report 🗐	End (July 1-December 31)
INCOME OR EXPENSES - Complete Either	Line 12 OR Line 13	
12. Lobbying Firms	13. Organizat	ions
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activ period were:	ities for this reporting
Less than \$10,000 🔀	Less than \$10,000 []	
\$10,000 or more	\$10,000 or more :>> \$  14. REPORTING METHOD. Check accounting method. See instructions for	
(including all payments to the registrant by any other entity	Method A. Reporting amounts using LDA definitions only	
for lobbying activities on behalf of the client).	Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code	
P	Method C. Reporting amounts un Internal Revenue Code	
ignature	Date 08/14/2	t000
MARK BUCK, ATTOMNEY		

Registrant Name:	PRESTON GATES ELLIS & ROUVI		
Client Name:	LAKE MICHIGAN CARFERRY SEI	RVICE, INC.	
engaged in lobby		ry to reffect the general issue areas in which the registrant ting period. Using a separate page for each code, provide id.	
15. General issu			
16. Specific Lot	bying issues ling for ferries.		
1 6461 21 1014	and the restress		
7. House(s) of	Congress and Federal agencies contacted	★ Check if None	
8. Name of eac	h individual who acted as a lobbyist in this	i issue area	
8. Name of eac	h individual who acted as a lobbyist in this Name	s issue area Covered Official Position (if applicable)	New
	Name	1	<del></del>
8. Name of eac RUGE, MA	Name	1	Now No
	Name	1	<del></del>
	Name  .	1	<del></del>
RUCE, MA	Name .	Covered Official Position (if applicable)	No
RUCE, MA	Name  .	Covered Official Position (if applicable)	No
RUCE, MA	Name .	Covered Official Position (if applicable)	No
RUCE, MA	Name  RK.  .  .  .  .  .  .  .  .  .  .  .  .	Covered Official Position (if applicable)	No