

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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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name <i>SPENCER ROBERTS & ASSOCIATES</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>6190 Rose Court</i>			
3. Principal Place of Business (if different from line 2) City: <i>Granite Bay</i> State/zip (or Country) <i>Ca 95744</i>			
4. Contact Name <i>Karen Spencer</i>		Telephone <i>916-771-9013</i>	E-mail (optional) 5. Senate ID #
7. Client Name <input type="checkbox"/> Self <i>Eli Lilly</i>		6. House ID #	

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 **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:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 exp accounting method. See instructions for description of opti
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitior
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature *[Handwritten Signature]* Date 8-5-07

Printed Name and Title Keren Spence, President

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name Spencer - Robert Client Name Elidilly

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

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

16. Specific lobbying issues

Health related tax issues

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

*Treasury
Health & Human Services*

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

Name	Covered Official Position (if applicable)
<i>Karen Spencer</i>	
<i>Melissa Scanlon</i>	
<i>John</i>	
<i>Stuart R Spencer</i>	

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

Signature *Robert Spencer* Date 2-5-04

Printed Name and Title Kara Spencer ~~CEO~~ President

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Page _____ of

Registrant Name Spencer- Roberts Client Name Eli Lilly

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

20. Client new address

555 12th St NW #650

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

City Washington DC

State/Zip (or Country) 20004

22. New general description of client's business or activities

Pharmaceutical

LOBBYIST UPDATE

23. 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

ACA TAX mmm

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

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

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

Signature [Signature] Date 2-5-04

Printed Name and Title Karen Jensen President

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