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LOBBYING REPORT

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

1. Registrant Name EG Pediatric AIDS Foundation			
2. Address: <input checked="" type="checkbox"/> Check if different than previously reported 1140 Connecticut Avenue, NW, Suite 200, Washington DC 20036			
3. Principal Place of Business (if different from line 2) Santa Monica		CA 90405	
City:		State/zip (or Country)	
4. Contact Name Patricia McBride	Telephone (202) 296-9165	E-mail (optional) patricia@pedaids.org	5. Senate ID # 77195-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 36135000

TYPE OF REPORT 8. Year 2003 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 Activities ☐

INCOME OR EXPENSES Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>40,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expert accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(4) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature _____ Date _____

Printed Name and Title _____ PATRICIA MCBRIDE _____

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Registrant Name EG Pediatric AIDS Foundation Client Name _____

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

Global AIDS Programs; Pediatric Rule

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

US House; US 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 area

Name	Covered Official Position (if applicable)
Mark Isaac	
Natasha Bilimoria	
Vincent Sanfuentes	
Jeanne Ireland	

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

Signature _____ Date _____

Printed Name and Title Patricia McBride, Chief Financial Officer

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Registrant Name EG Pediatric AIDS Foundation Client Name _____

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 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

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	701-A Welch Road Palo Alto CA 94304
Elizabeth Glaser Pediatric Research Foundation	2950 31st 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	Overseas personnel

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 Patricia McBride, Chief Financial Officer

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