erk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE
05 SEP -8 AM 10: 26

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

une	eck if this is an Amend	led Registration	1. Effective Date of Registration	7/15/2005
2.	House Identification	Number	Senate Identification Number	
— RJ	EGISTRANT			-
3.	Registrant Name	Washington Council Ernst & Yo	ung	
	Address	1150 17th Street, NW	Suite 601	
	City	Washington	State DC Zip 20036	USA
4.	Principal place of bu City	siness (if different from line 3)	State/Zip (or Country)	
5.	Telephone number a	nd contact name Contact	E-Mail (optional)	
	202-293-7474	Gary Gasper	gary.gasper@wc.ey.com	
6.		of registrant's business or activities ulatory consulting practice, division	of Ernst & Young LLP.	
Cl		bying firm is required to file a separate re ad "Self" and proceed to line 10. 🔲 Sel	gistration for each client. Organizations employi f	ng in-house lobbyists sho
7.	Client Name	PacificSource		
	Address	110 International Way		
	Address City		State OR Zip 97477	USA
8.	City	110 International Way	-	USA
8.	City	110 International Way Springfield	State OR Zip 97477 State/Zip (or Country)	USA
8.	City Principal place of bu City	110 International Way Springfield siness (if different from line 7) of client's business or activities	-	USA
9. L	City Principal place of but City General description Health insurance coordinates of each individual in this section has sec	Springfield siness (if different from line 7) of client's business or activities ompany/provider dual who has acted or is expected to a	-	ine 7. If any person listial" within two years of
9. L	City Principal place of but City General description Health insurance coordinates of each individual in this section has sec	Springfield siness (if different from line 7) of client's business or activities ompany/provider dual who has acted or is expected to a	State/Zip (or Country) act as a lobbyist for the client identified on li	ine 7. If any person list ial" within two years of erson served.
9. L (City Principal place of but City General description Health insurance co OBBYISTS Name of each indiviting in this section has sefers a lobb	Springfield siness (if different from line 7) of client's business or activities ompany/provider dual who has acted or is expected to a	State/Zip (or Country) act as a lobbyist for the client identified on liberation of the client identified on liberation of the position of the public and/or legislative position (s) in which the public identified on the	ine 7. If any person list ial" within two years of erson served.
9. L (Principal place of but City General description Health insurance coordinates of each indivision this section has sefirst acting as a lobb Name	Springfield siness (if different from line 7) of client's business or activities ompany/provider dual who has acted or is expected to a	State/Zip (or Country) act as a lobbyist for the client identified on liberation of the client identified on liberation of the position of the public and/or legislative position (s) in which the public identified on the	ine 7. If any person list ial" within two years of erson served.

Form LD-1 (Rev. 06/98)

ant Name: Washington Council Ernst & Young

Client Name:

PacificSource

Item	Description	Data
10a 10b	Lobbyist Name Covered Official Postion	Bruce Gates
10a 10b	Lobbyist Name Covered Official Postion	Nick Giordano
10a 10b	Lobbyist Name Covered Official Postion	Francis Grab
10a 10b	Lobbyist Name Covered Official Postion	Dave Koshgarian Chief of Staff, Office of Congressman Ben Cardin
10a 10b	Lobbyist Name Covered Official Postion	Marty McGuinness
10a 10b	Lobbyist Name Covered Official Postion	Richard Meltzer
10a 10b	Lobbyist Name Covered Official Postion	Phil Moseley
10a 10b	Lobbyist Name Covered Official Postion	Anne Phelps Special Asst. to the President for Domestic Policy
10a 10b	Lobbyist Name Covered Official Postion	John Porter
10a 10b	Lobbyist Name Covered Official Postion	Robert Rozen
10a 10b	Lobbyist Name Covered Official Postion	Donna Steele Flynn
10a 10b	Lobbyist Name Covered Official Postion	Tim Urban

lient Name:	PacificSource	PacificSource				
ncht name.	Tacinesource					
LOBBYING				1 . CE ID 1 1		
 General lob 	obying issue areas. Select all	applicable codes listed in	instructions and on the reverse si	ge of Form LD-1, page 1		
TAX						
	bbying issues (current and a					
Issues invo	olving relief from the AMT	ì		•		
13 Is there an	ED ORGANIZATION entity other than the client the state of	hat contributes more than	\$10,000 to the lobbying activities	of the registrant in a		
		or part plans, supervises, o	or controls the registrant's lobbyin Complete the rest of this section			
🔀 No. Go	o to line 14.		criteria above, then proceed to l			
	Name	A	ddress	Principal Place of Bus (city and state or cour		
FOREIGN 14 Is there any	ENTITIES y foreign entity that:					
`	_	wnership in the client or a	ny organization identified on line	13; or		
	rectly or indirectly, in whole the client or any organization	e or in major part, plans, s	upervises, controls, directs, financ	es, or subsidizes activitie		
b) di	title client of any organization	ny organization identified	on line 13 and has a direct intere	st in the outcome of the		
b) di of c) is	an affiliate of the client or a					
b) di of c) is lo	an affiliate of the client or a bbying activity?	_				
b) di of c) is lo	an affiliate of the client or a	☐ Yes.	Complete the rest of this section criteria above, the sign and date			
b) di of c) is lo X No. Si	an affiliate of the client or a abbying activity? gn and date the registration.			the registration.		
b) di of c) is lo	an affiliate of the client or a abbying activity? gn and date the registration.	☐ Yes. Address	criteria above, the sign and date	Amount of contribution		
b) di of c) is lo X No. Si	an affiliate of the client or a abbying activity? gn and date the registration.		Principal Place of Business	Amount of contribution		
b) di of c) is lo X No. Si	an affiliate of the client or a abbying activity? gn and date the registration.		Principal Place of Business	Amount of contribution		
b) di of c) is lo X No. Si	an affiliate of the client or a abbying activity? gn and date the registration.		Principal Place of Business			
b) di of c) is lo X No. Si	an affiliate of the client or a abbying activity? gn and date the registration.		Principal Place of Business	Amount of contribution		

Printed Nam	e and little
-------------	--------------

Form LD-1 (Rev. 06/98)