

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE
05 FEB 28 PM 3:07

LOBBYING REPORT

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

1. Registrant Name <u>Parkinson's Action Network</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>1025 Vermont Ave, NW, Suite 1120</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20005</u>			
4. Contact Name <u>Mary McGuire Richards</u>	Telephone <u>202-438-4101</u>	E-mail (optional) <u>Mrichards@parkinsonsaction.org</u>	5. Senate ID # <u>28567</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>369410</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-Dec)

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 Lobbyir

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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <div style="text-align: right; font-size: small;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this re period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>\$40,000.00</u> <div style="text-align: right; font-size: small;">Expenses (nearest \$20,000)</div>
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 indica accounting method. See instructions for description <input type="checkbox"/> Method A. Reporting amounts using LDA defir <input checked="" type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Parkinsons Action Network Client Name _____

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

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

16. Specific lobbying issues

- HR 4613/S. 2559, "Department of Defense Appropriations Act, 2005," section related to + Exposure Treatment Research Program.
- HR 5006/S. 2810, "Departments of Labor, Health and Human Services and Education Appropriations: all sections related to the National Institutes of Health.
- HR 4682, "The Stem Cell Research Enhancement Act" all sections

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. House of Representatives
U.S. Senate

Department of Defense

Department of Health and Human Services

National Institutes of Health, Centers for Medicare and Medicaid S
Centers for Disease Control and Prevention.

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

Name	Covered Official Position (if applicable)
Mary McGuire Richards	
Christy M. Hahn	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form I.D-2 (Rev.6/98)

Page _

Registrant Name Parkinsons Action Network Client Name _____

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

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

16. Specific lobbying issues

- H.R. 4613/S. 2959, "Department of Defense Appropriations Act, 2005," Section related to the Neurodegenerative Disease Research Program
- HR 5006/S 2810, "Departments of Labor, Health and Human Services and Education Appropriations Act, 2005," all sections related to the National Institutes of Health
- HR 4682, "The Stem Cell Research Enhancement Act of 2004" all sections

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

US House of Representatives
US Senate

Department of Defense

Department of Health and Human Services

Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services
National Institutes of Health

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

Name	Covered Official Position (if applicable)
Mary McGuire Richards	
Christy M. Hahn	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____

Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page

Registrant Name Parkinsons Action Network 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

Francesca Fierro O'Reilly
Joan I. Samuelson

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)

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 2/14/05

Printed Name and Title

Amy L Comstock, Executive Director

Form LD-2 (Rev. 6/98)

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