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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 11/10/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Sidley Austin Brown & Wood LLP

Address 1501 K Street, NW

City Washington

State DC

Zip 20005

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 736-8344

Contact Simon Lazarus

E-mail (optional) _____

6. General description of registrant's business or activities

law firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name Florida Society of Ambulatory Centers

Address 1530 Metropolitan Boulevard

City Tallahassee

State FL

Zip 32308

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

trade association

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any p in this section has served as a "covered executive branch official" or "covered legislative branch official" within two y acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
<u>William Sarraille</u>	
<u>Alice Slayton Clark</u>	
<u>Anna Spencer</u>	

Christine Jochim

Form LD-1 (Rev. 04/03)

Registrant Name Sidley Austin Brown & Wood LLP Client Name Florida Society of Ambulatory Centers

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

HCR

12. Specific lobbying issues (current and anticipated)
 federal policy affecting ambulatory surgery centers

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

- No ⇨ Go to line 14. Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

- No ⇨ Sign and date the registration. Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Open in

Signature



Date

Signature

W-U

Printed Name and Title William Sarraille, Partner

Form LD-1 (Rev. 04/03)