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## LOBBYING REPORT

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

|  |  |  |                      |
|--|--|--|----------------------|
| 1. Registrant Name<br><b>Bockorny Petrizzo, Inc.</b>   |  |  |                      |
| 2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported<br>Address <b>1101 16th Street, N.W.</b> Suite <b>500</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20036</b> USA |  |  |                      |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____   |  |  |                      |
| 4. Contact Name <b>David Bockorny</b> Telephone _____ E-mail (optional) _____  |  |  | 5. Senate ID # _____ |
| 7. Client Name <input type="checkbox"/> Self<br><b>Children's Hospital &amp; Regional Med. Ctr.</b>  |  |  | 6. House ID # _____  |

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

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 Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms  | 13. Organizations   |
|---|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:  | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:                           |
| Less than \$10,000 <input type="checkbox"/>   | Less than \$10,000 <input type="checkbox"/>   |
| \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$60,000.00</u><br>Income (nearest \$20,000)  | \$10,000 or more <input type="checkbox"/> >> \$ _____<br>Expenses (nearest \$2)                           |
| 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). | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of |
|   | <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit                             |
|   | <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603: the Internal Revenue Code  |
|   | <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162: Internal Revenue Code      |

Signature  \_\_\_\_\_ Date 4/10/2005

Printed Name and Title **David Bockorny - Chairman** \_\_\_\_\_ Pa

Registrant Name: **Bockorny Petrizzo, Inc.**

Client Name: **Children's Hospital & Regional Med. Ctr.**

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

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

16. Specific Lobbying issues

**Appropriations, no specific legislation**

**funding for pediactric bio-ethics center, no specific legislation**

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

Check if None

**House of Representatives**

**Senate**

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

| Name                       | Covered Official Position (if applicable) |
|----------------------------|---|
| <b>Bockorny, David</b>     |   |
| <b>Bowlin, Christopher</b> |   |
| <b>Hutton, Michael</b>     |   |
| <b>Long, Chris</b>         |   |
| <b>Mathis, Josh</b>        |   |
| <b>Moll, Daniel R.</b>     |   |
| <b>Petrizzo, Thomas</b>    |   |

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

Check if None

Printed Name and Title **David Bockorny - Chairman**

Page

Registrant Name: Bockorny Petrizzo, Inc.

Client Name: Children's Hospital & Regional Med. Ctr.

| Item | Description               | Data              |
|------|---------------------------|-------------------|
| 18a  | Lobbyist Name             | Reese, Brenda     |
| 18b  | Covered Official Position |                   |
| 18c  | New Lobbyist              | No                |
| 18a  | Lobbyist Name             | Rivers, Phillip   |
| 18b  | Covered Official Position |                   |
| 18c  | New Lobbyist              | No                |
| 18a  | Lobbyist Name             | Schulman, Melissa |
| 18b  | Covered Official Position |                   |
| 18c  | New Lobbyist              | No                |
| 18a  | Lobbyist Name             | Shearer, P. Scott |
| 18b  | Covered Official Position |                   |
| 18c  | New Lobbyist              | No                |

