

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

SECRETARY OF THE SENATE
04 MAR -2

LOBBYING REPORT

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

1. Registrant Name <i>Laura Gogal</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>308 Pine Street, Falls Church, VA. 220</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <i>Laura Gogal</i>		Telephone <i>703-536-0471</i>	E-mail (optional) _____
7. Client Name <input type="checkbox"/> Self <i>St. Louis 2004 2003</i>		5. Senate ID # <i>7047</i>	6. House ID # <i>3610</i>

TYPE OF REPORT 8. Year ~~2004~~ 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ 20,000
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$10,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive information.

Method A. Reporting amounts using LDA disclosure

Method B. Reporting amounts under section 179 of Internal Revenue Code

Method C. Reporting amounts under section 179 of Internal Revenue Code

Signature *Laura S. Gogal*

Laura Gogal, Health Care Consultant

Registrant Name Laura Gogal Client Name St. Louis 2004

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

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

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program
Submitted by the State of Missouri on August 21, 2001.

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

U.S. House of Representatives
U.S. Senate
U.S. Dept. of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
Laura Gogal	N/A

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

Signature Laura S Gogal Date 2/10/04
Printed Name and Title Laura Gogal, Health Care Consultant

Registrant Name Laura Gogal Client Name St. Louis 2004

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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program
Submitted by the State of Missouri on August 21, 2001.

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

Check if None

U.S. House of Representatives
U.S. Senate
U.S. Dept. of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
Laura Gogal	N/A

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

Check if None

Signature Laura S Gogal Date 2/10/04

Printed Name and Title Laura Gogal, Health Care Consultant

Registrant Name Laura Gogal Client Name St. Louis 2004

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

N/A

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s) N/A

Name	Address	Principal Place of E (city and state or c

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

N/A

FOREIGN ENTITIES

27. Add the following foreign entities N/A

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 regi
affiliated organization

N/A

Signature Laura S Gogal Date 2/10/0

Printed Name and Title Laura Gogal, HEALTH CARE CONSULTANT
Form LD-2 (Rev. 6/98)