

SECRETARY OF I
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Clerk of the House of Representatives
Legislative Resources Center
8-104 Cannon Building
Washington, DC 20515

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

LOBBYING REPORT

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

1. Registrant Name <u>Bill Zavarellu</u>	
2. Address <input type="checkbox"/> Check if different than previously reported	
3. Principal Place of Business (if different from line 2) City: _____ State (or Country): _____	
4. Contact Name <u>Bill Zavarellu</u>	5. Senate ID # <u>45243-1</u>
7. Client Name <input type="checkbox"/> Self <u>Oregon Death with Dignity</u>	6. House ID # <u>3424100</u>

TYPE OF REPORT 8. Year 2003 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$50,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expense (nearest \$50,000)</p> <p>14. REPORTING METHOD. Check box to indicate proper accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6030(b)(3) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>

Signature: Bill Zavarellu

Printed Name and Title: Bill Zavarellu

1000161738

~~Bill Edwards, Consultant~~

Registrant Name _____ 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

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	Ownership percentage client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature Bill Zavarone Date _____

Printed Name and Title Bill Zavarone, Consultant

Form LD-2 (Rev. 0/98) Page _____ of _____

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Registered Nurse _____

Client Name _____

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.

13. General issue area code HLR (one per page)

14. Specific lobbying issues

~~Other~~ Pain Relief Promotion Act

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)

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

Check if None

Signature Bill Zavatta Date _____
 Printed Name and Title Bill Zavatta, Consultant

Form LD-1 (Rev. 6/94)

Page _____

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