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RECEIVED
 SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant Name McDermott, Will & Emery			
2. Address <input type="checkbox"/> Check if different than previously reported 600 13th Street, N.W.			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC/20005-3096			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Neil Quinter	(202) 756-8027	nquinter@mwe.com	
7. Client Name <input type="checkbox"/> Self			6. House ID #
Consorta, Inc.			31445161

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 Activity

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 checked="" type="checkbox"/> - <u>\$40,000</u> Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> - \$10,000 or more <input type="checkbox"/> - \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 163(e) of the Internal Revenue Code

Signature Neil F. Quinter

Registrant Name McDermott, Will & Emery Client Name Consorta, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which 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

contracting practices of health care group purchasing organizations

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

United States Senate

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

Name	Covered Official Position (if applicable)
Neil F. Quinter	

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

Signature *Neil F. Quinter* Date August 16, 2004

Printed Name and Title Neil F. Quinter, Counsel

Registrant Name McDermott, Will & Emery Client Name Consorta, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which 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 LBR (one per page)

16. Specific lobbying issues

contracting practices of health care group purchasing organizations

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

United States Senate

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

Name	Covered Official Position (if applicable)
Neil F. Quinter	

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

Signature *Neil F. Quinter* Date August 16, 2004

Printed Name and Title Neil F. Quinter, Counsel

Registrant Name McDermott, Will & Emery Client Name Consorta, Inc.

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	Owner: percent client

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

Signature *Neil F. Luntz* Date August 16, 2004

