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SECRETARY OF THE SENATE

04 APR 21 AM 8:25

LOBBYING REPORT

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

1. Registrant Name Cystic Fibrosis Foundation			
2. Address <input type="checkbox"/> Check if different than previously reported 6931 Arlington Rd. Bethesda, MD 20814			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Suzanne R. Pattee	Telephone (301) 907-2548	E-mail (optional)	5. Senate ID # 6014
7. Client Name <input checked="" type="checkbox"/> Self self			6. House ID # 3534

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec
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	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> <small>Expenses (nearest \$20,000)</small>
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 methods. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Cystic Fibrosis Foundation Client Name self

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

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

16. Specific lobbying issues

NIH Appropriations FY 2004

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Suzanne R. Pattee	

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

Signature _____ Date 2/9/04

Printed Name and Title Suzanne R. Pattee, V.P., Public Policy & Patient Affairs

Form LD-2 (Rev. 6/98)

Page _

Registrant Name Cystic Fibrosis Foundation Client Name self

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

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

16. Specific lobbying issues

Cystic Fibrosis Awareness Week (S. Res. 98)
Cystic Fibrosis Research Funding
Genetic Nondiscrimination Legislation

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

Check if None

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Suzanne F. Pattee	

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

Check if None

Signature

Date 2/9/04

Printed Name and Title Suzanne R. Pattee, V.P., Public Policy & Patient Affairs

Form LD-2 (Rev.6/98)

Page _

Registrant Name Cystic Fibrosis Foundation Client Name self

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

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

16. Specific lobbying issues

Medicare Prescription Drug Legislation (H.R. 1, S. 1)

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

Check if None

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Suzanne R. Pattee	

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

Check if None

Signature Suzanne R. Pattee Date 2/9/04

