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3/15/04/E
DATE

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/6/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name APCO Worldwide Inc.

Address 1615 L Street, NW, Suite 900

City Washington

State DC

Zip 20036

4. Principal place of business (if different from line 3)

City N/A

State/Zip (or Country)

5. Telephone number and contact name

(202) 778-1042

Contact Lynley A. Ogilvie

E-mail (optional)

6. General description of registrant's business or activities

Public relations and strategic communications

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* Self

7. Client name Skagit County Public Hospital District 1

Address P.O. Box 1376

City Mount Vernon

State WA

Zip 98273-1376

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

public hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Jake Johnston	

Form LD-1 (Rev. 04/03)

Registrant Name APCO Worldwide Inc.

Client Name Skagit County Public Hospital District

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p:

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12. Specific lobbying issues (current and anticipated)

Federal appropriations for transportation and health care projects

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities

No ⇨ Go to line 14.

Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign an registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Laura A. Dastore

13/11/04

Signature *Lynley A. Ogilvie* Date 1/1/11

Printed Name and Title Lynley A. Ogilvie, Assistant General Counsel

Form LD-1 (Rev. 04/03)