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LOBBYING REPORT

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

1. Registrant Name <u>Laird D. Burnett</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1025 Vermont Ave NW Suite 1200</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20005</u>			
4. Contact Name <u>Laird D. Burnett</u>	Telephone <u>202 494 1180</u>	E-mail (optional)	5. Senate ID # <u>842521</u>
7. Client Name <input type="checkbox"/> Self <u>Hospital for Special Surgery</u>			6. House ID #

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 2/15/04

11. No Lobbying

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 \$20,000)</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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Laird D. Burnett

Printed Name and Title Laird D. Burnett, principal

LD-2 (REV. 6/98)

Pa

Registrant Name Laird D. Burnett Client Name Hospital for Special Sv

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.

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

16. Specific lobbying issues

Medicare reimbursement to rehabilitation hospitals

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)
<u>Laird D. Burnett</u>	

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

Check if None

Signature Laird D. Burnett Date 2/15/04

Printed Name and Title Lauro V. Durnett

Form LD-2 (Rev. 6/98)

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