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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

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

1. Registrant Name: MedPond, LLC

2. Address Check if different than previously reported
9600 Great Hills Trail, Suite 150W

3. Principal Place of Business (if different from line 2)
City: Austin State/Zip (or Country) TX 7875

4. Contact Name: John Sanders Telephone: 512-349-8860 E-mail (optional): _____

5. Senate ID #: 2888

7. Client Name Self MedPond, LLC

6. House ID #: 2888

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec 31)

9. Check if this filing amends a previously filed version of this report
10. Check if this is a Termination Report Termination Date 8/27/04 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature: John Sanders
Printed Name and Title: John A. Sanders, Managing Member

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Registrant Name Lara Kennedy Client Name Med Pond, LLC

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

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

16. Specific lobbying issues

Medical Devices

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

Check if None

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

Name	Covered Official Position (if applicable)
<u>Lara Kennedy</u>	

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

Check if None

Signature [Signature] Date 3-17-05
Printed Name and Title John A. Sanders, Managing Member

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Registrant Name Lara Kennedy Client Name MedPond, LLC

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

N/A

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

Lara Kennedy

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or c
<u>N/A</u>		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

N/A

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
<u>N/A</u>			

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

N/A

Signature

John Sanders

Date

3/17/05

Printed Name and Title

John A. Sanders, Manager

