

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

RECEIVED.
SECRETARY OF THE SENATE
04 AUG 16 PM 2:18

LOBBYING REPORT

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

1. Registrant Name Foley & Lardner LLP (formerly Foley & Lardner)			
2. Address <input type="checkbox"/> Check if different than previously reported 3000 K Street, NW, Suite 500			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) D.C.			
4. Contact Name Michelle Leeds	Telephone 202-295-4123	E-mail (optional) mleeds@foley.com	5. Senate ID # 15042-155
7. Client Name <input type="checkbox"/> Self Children's Hospital and Health Center of San Diego			6. House ID # 33563088

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

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>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 accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>

Signature _____

Registrant Name Foley & Lardner LLP Client Name **Children's Hospital and Health Center of San**

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

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


16. Specific lobbying issues
Reimbursement and federal funding issues.

17. House(s) of Congress and Federal Agencies contacted Check if None
U.S. House, U.S. Senate

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

Name	Covered Official Position (if applicable)
Susan Riley	

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

Signature 

Registrant Name Foley & Lardner LLP Client Name **Children's Hospital and Health Center of San**

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

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

16. Specific lobbying issues
Reimbursement and federal funding issues.

17. House(s) of Congress and Federal Agencies contacted Check if None
U.S. House, U.S. Senate

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

Name	Covered Official Position (if applicable)
Susan Riley	

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

Signature 

