

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

SECRETARY'S  
05 FEB 14

## LOBBYING REPORT

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

1. Registrant Name <b>Cavarocchi Ruscio Dennis Associates</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>316 Pennsylvania Avenue, S.E.</b> Suite 403 City <b>Washington</b> State/Zip (or Country) <b>DC 20003</b> USA			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Joyce Briscoe</b>			5. Senate ID # <b>8511-75</b>
Telephone <b>(202) 546-4732</b>			E-mail (optional) <b>jbriscoe@dc-crd.com</b>
7. Client Name <input type="checkbox"/> Self <b>Cooley's Anemia Foundation</b>			6. House ID # <b>31321010</b>

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


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 Activities

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> &gt;&gt; \$ <u>\$40,000.00</u> 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><b>EXPENSES</b> 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"/> &gt;&gt; \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Lyle B. Dennis - Partner** \_\_\_\_\_ F

Registrant Name: Cavarocchi Ruscio Dennis Associates

Client Name: Cooley's Anemia Foundation

**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 BUD (one per page)
- 16. Specific Lobbying issues  
 HR4818, Consolidated Appropriations Bill, FY 2005, Cooley's anemia research and services  
 HR5006/S2810, Labor-HHS-Education Appropriations Bill, FY 2005, Cooley's anemia research and service

- 17. House(s) of Congress and Federal agencies contacted  Check if None  
**Centers for Disease Control & Prevention**  
**House of Representatives**  
**Maternal and Child Health Bureau**  
**National Institutes of Health**  
**Senate**

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

Name	Covered Official Position (if applicable)
<b>Dennis, Lyle B.</b>	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Lyle B. Dennis - Partner I

Registrant Name: Cavarocchi Ruscio Dennis Associates

Client Name: Cooley's Anemia Foundation

**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  
**No bill, , Fast track drug approval process**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Food & Drug Administration**

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

Name	Covered Official Position (if applicable)
<b>Dennis, Lyle B.</b>	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Lyle B. Dennis - Partner** \_\_\_\_\_ F