

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	<input checked="" type="checkbox"/> Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF
03 AUG 21 PM**LOBBYING REPORT**

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

1. Registrant Name <u>Laura Gogal</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>308 Pine Street, Falls Church, VA. 22046</u>	
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____	
4. Contact Name <u>Laura Gogal</u>	Telephone <u>703-536-0471</u>
E-mail (optional) _____	
5. Senate ID # <u>76478</u>	
7. Client Name <input type="checkbox"/> Self <u>St. Louis 2004</u>	
6. House ID # <u>36102</u>	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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

INCOME OR EXPENSES Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of accounting method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Laura S. Gogal

Date

8/12/03

Printed Name and Title Laura Gogal, Health Care Consultant

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Laura Gogal Client Name St. Louis 2004

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

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

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program
Submitted by the State of Missouri on August 21, 2001.

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
U.S. Dept. of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
Laura Gogal	N/A

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

Signature Laura S Gogal Date 8/12/03
Printed Name and Title Laura Gogal, Health Care Consultant

Registrant Name Laura Gogal Client Name St. Louis 2004

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 HCR (one per page)

16. Specific lobbying issues

Section 1115 amendment to the Medicaid Program
Submitted by the State of Missouri on August 21, 2001.

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
U.S. Dept. of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)
<u>Laura Gogal</u>	<u>N/A</u>
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Laura S. Gogal Date 8/12/03
Printed Name and Title Laura Gogal, Health Care Consultant

Registrant Name Laura Gogal Client Name St. Louis 2004

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

20. Client new address

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

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or cc)

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

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

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

Signature Laura S. Gogal Date 8/12/03

Printed Name and Title Laura Gogal, Health Care Consultant

