

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 OF THE SENATE

03 AUG 20 AM 10: 53

LOBBYING REPORT

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

1. Registrant Name Shaakirrah R. Sanders

2. Address Check if different than previously reported Locke Liddell & Sapp, 601 Poydras Street, St

3. Principal Place of Business (if different from line 2)

City: New Orleans State/Zip (or Country) Louisiana 70130

4. Contact Name Telephone E-mail (optional) 5. Senate ID#

Shaakirrah R. Sanders (504)558-5118

7. Client Name Self 6. House ID#

Our Lady of The Lake Regional Medical Center

TYPE OF REPORT

8. Year 2003 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting Period was:

Less than \$10,000

\$10,000 or more -> \$100,000.00
Income (nearest \$20,000)

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.)

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

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\$10,000 or more -> \$ _____
Income (nearest \$20,000)


14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of op

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

8/8/03

Signature  Date 1/1

Printed Name and Title Shaakirrah R. Sanders, Attorney

Registrant Name Shaakirrah R. Sanders Client Name Our Lady of the Lake Regional Medical Center

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

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

16. Specific lobbying issues

42 C.F.R. Parts 412-413 and 68 F.R. 96--Nursing and allied health education legislation and funding

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

Check if None


U.S. Senate
Department Health and Human Services
Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Donna D. Fraiche	
Shaakirrah R. Sanders	

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

Check if None

Signature  Date 8/8/03

Registrant Name Shaakirrah R. Sanders Client Name Our Lady of the Lake Regional Medical Center

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 Business (city and state or country)
------	---------	--

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	Ownership percentage
------	---------	--	---	-------------------------

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

SP DCL 8/8/03

Signature Shaakirrah Sanders Date 11/11

Printed Name and Title Shaakirrah R. Sanders, Attorney

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City: New Orleans State/Zip (or Country) Louisiana 70130

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Shaakirrah R. Sanders (504)558-5102

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Date Aug 11, 2003

Signature



Date



Printed Name and Title Donna D. Fraiche, Attorney

Registrant Name Donna D. Fraiche Client Name Our Lady of the Lake Regional Me

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Shaakirrah R. Sanders	

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Signature  Date August 11, 2003

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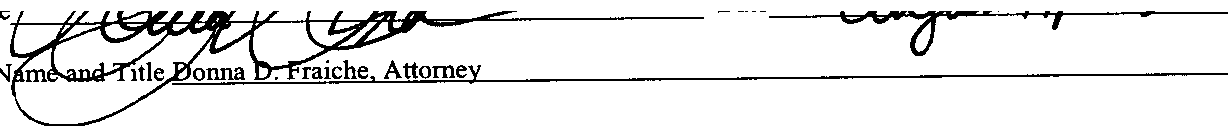
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Signature 

Date Dec 11, 2003

Signature



Printed Name and Title Donna D. Fraiche, Attorney