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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/15/0

2. House Identification Number 36791000

Senate Identification Number _____

REGISTRANT

3. Registrant name Holmes Weddle & Barcott

Address 999 Third Avenue, Suite 2600

City Seattle

State WA

Zip 98104

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(206) 292-8008

Contact Timothy A. McKeever E-mail (optional) _____

6. General description of registrant's business or activities

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self

7. Client name Alaska Native Tribal Health Consortium

Address 4141 Ambassador Drive

City Anchorage

State AK

Zip 99508

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

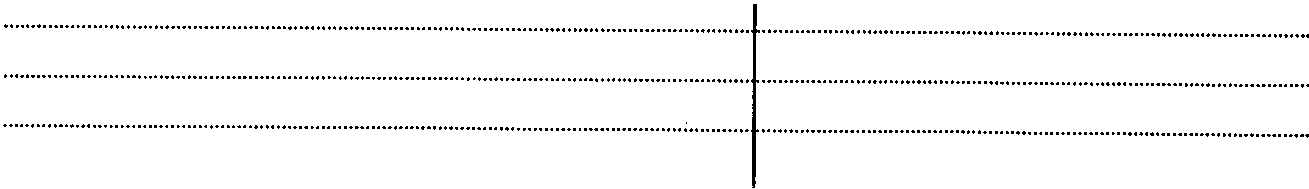
9. General description of client's business or activities

Medical Care and Construction

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If in this section has served as a "covered executive branch official" or "covered legislative branch official" within acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Timothy A. McKeever	N/A



Registrant Name Holmes Weddle & Barcott Client Name Alaska Native Trival Health

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

HCR

IND

MED

MMM

12. Specific lobbying issues (current and anticipated)

Energy Bill, Transportation Highway Bill

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying a

No ⇨ Go to line 14.

Yes ⇩ Complete the rest of this section for each entity m criteria above, then proceed to line 14.

Name	Address	Principal Place of (city and state or

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in tl of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇩ Complete the rest of this section fo matching the criteria above, then s registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution fo lobbying activiti

Signature *TAU* Date 2/10/04

Printed Name and Title Timothy A. McKeever