

Clerk of the House of Representatives
Legislative Resources Center
5-104 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
333 Hart Building
Washington, DC 20510

SECRET
06 JUN

LOBBYING REPORT

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

1. Registrant Name <u>Bill Zavarallo</u>	
2. Address <input type="checkbox"/> Check if different than previously reported	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____	
4. Contact Name <u>Bill Zavarallo</u>	Telephone _____ E-mail (optional) _____
5. Senate ID # <u>45243-6</u>	
6. House ID # <u>3424100</u>	
7. Client Name <input type="checkbox"/> Self <u>OR Death with Dignity</u>	

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

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 ⇒ \$ _____
Income (net of \$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:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expense (net of \$20,000)

14. REPORTING METHOD. Check box to indicate appropriate method. See instructions for description of option.

Method A. Reporting amounts using LDA definitions

Method B. Reporting amounts under section 6039(b)(1) Internal Revenue Code

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

Signature Bill Zavarallo

Printed Name and Title Bill Zavarallo, Counsel

LD-3 (REV. 6/98)

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Registrant Name _____ Client Name _____

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 percent (client)

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 0/98)

Page _____

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Registrant Name _____ Client Name _____

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 HC R (one per page)

16. Specific lobbying issues

Pain Relief Promotion Act

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

Check if None

House, Senate

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

Name	Covered Official Position (if applicable)

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

Check if None

Signature *Bill Zamarek* Date _____
 Printed Name and Title *Bill Zamarek, Consultant*

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