

SECRETARY OF THE SENATE

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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
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LOBBYING REPORT

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

1. Registrant Name Elizabeth Glaser Pediatric AIDS Foundation			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1140 Connecticut Ave, NW Suite 200 Washington, D.C. 20036			
3. Principal Place of Business (if different from line 2) 2950 31st Street, Suite 125 CA 90405 City Santa Monica State/Zip (or Country)			
4. Contact Name Patricia McBride	Telephone 202 296-9165	E-mail (optional) patricia@pedaids.org	5. Senate ID# 77195-1
7. Client Name <input checked="" type="checkbox"/> <input type="checkbox"/> Self <input type="checkbox"/> Self			6. House ID# 361350t

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR 13

<p>12. Lobbying Firms</p> <p>INCOME 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"/> \$ _____ 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>13. Organizations</p> <p>EXPENSES 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 checked="" type="checkbox"/> \$ <u>20,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b) the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code.</p>
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Signature _____

Printed Name and Title **Kathleen S. Carr, Chief Executive Officer**

LD-2 (REV. 6/98)	NAME	ADDRESS	CITY
1	SUN-H109	SUN-H109	SUN-H109
2	SUN-H109	SUN-H109	SUN-H109

Registrant Name Elizabeth Glaser Pediatric AIDS Foundation Client Name Self

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 pages(s) as needed.**

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

16. Specific lobbying issues

Global AIDS Programs; Pediatric Drug, Medical Device and Vaccine Testing, Children's Health Programs and Domestic AIDS Programs

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

US House; US Senate; USAID; US Department of State; US Department of Health and Human Services

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

Name	Covered Official Position (if applicable)	New
Mark Isaac		<input type="checkbox"/>
Natasha Bilimoria		<input type="checkbox"/>
Jeanne Ireland		<input type="checkbox"/>
Michael Skonieczny	Legislative Assistant, Rep.DeLauro	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title Kathleen S. Carr, Chief Executive Officer

Registrant Name Elizabeth Glaser Pediatric AIDS Foundation

Client Name Self

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

Vincent Sanfuentes

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 in 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 Kathleen S. Carr

Date August 13, 20

Printed Name and Title Kathleen S. Carr, Chief Executive Officer

