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LOBBYING REPORT

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

1. Registrant Name <u>Bill Zaverale</u>			
2. Address: <input type="checkbox"/> Check if different than previously reported <u>2468 Ontario Rd NW</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/zip (or Country) <u>DC 20009</u>			
4. Contact Name <u>Scott Swanson</u>		Telephone <u>(202) 249-9857</u>	
E-mail (optional)		5. Senate ID # <u>45243</u>	
7. Client Name <input type="checkbox"/> Self <u>Oregon Death with Dignity</u>			6. House ID # <u>34241</u>

TYPE OF REPORT 8. Year 2002 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 Activities

INCOME OR EXPENSES Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input 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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Bill Zavanell Date 7/22/03

Printed Name and Title Bill Zavanell, Consultant

0
0
0
0
4
2
4
4
0

Registrant Name _____ Client Name _____

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

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

16. Specific lobbying issues

Conquering Pain Act
Oregon's Death with Dignity Act (State 1

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

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 [Handwritten Signature]

Date 7/22/02

Signature _____ Date _____

Printed Name and Title Bill Zaramillo, Consultant