

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  
05 FEB 16 AM 10: 54

## LOBBYING REPORT

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

<b>1. Registrant Name</b>			
Terry D. Bevels Consultant			
<b>2. Address</b> <input type="checkbox"/> Check if different than previously report			
1317 F Street, NW, Suite 350, Washington, DC 20004			
<b>3. Principal Place of Business (if different from line 2)</b>			
City:		State/Zip (or Country)	
<b>4. Contact Name</b>	<b>Telephone</b>	<b>E-mail (optional)</b>	<b>5. Senate ID #</b>
Terry D. Bevels	(202) 737-5110	tbevels@aol.com	44333-51
<b>7. Client Name</b> <input type="checkbox"/> Self			<b>6. House ID #</b>
Joslin Diabetes Center			34114003

### TYPE OF REPORT

8. Year 2004, Midyear (January 1-June 30) OR Year End (July 1-Dece

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	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this Period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instruction for description
	<input type="checkbox"/> Method A. Reporting amounts using LDA def
	<input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code.

Signature

*Terry D. Bevels*

Printed Name and Title Terry D. Bevels

LD-2 (Rev. 6/98)

Resident Name Terry D. Bevels Consultant

Client Name Indian Dialect Center

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

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

16. Specific lobbying issues

Seek to include funding for health care education and improvements in the area of diabetes detection, care and pre the following FY 2004 and FY 2005 Appropriation bills:

Defense; Agriculture; VA/HUD; Interior, Labor, HHS, Education

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

- U.S. House of Representatives
- U.S. Senate
- Department of Defense
- Department of Agriculture
- Department of Veterans Affairs
- Indian Health Service
- Centers for Disease Control

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

Name	Covered Official Position (if applicable)	New
Terry Bevels		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature   Terry D. Bevels   Date   2-3-05  

Printed Name and Title   Terry D. Bevels

Registrant Name Terry D. Bevels Consultant Client Name Joslin Diabetes 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)
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26. Name of each previously reported organizations 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 of Client
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28. Name of each previously reported foreign entity that **no longer** owns, or controls or is affiliated with the registrant or affiliated organization

Signature Terry D. Bevels Date 2-3-03

Printed Name and Title Terry D. Bevels

