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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>Public Policy Partners, LLC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>101 Constitution Ave., NW Ste 800 Washington, DC 20001</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Trey Barnes</u>	Telephone <u>(202) 742-4337</u>	E-mail (optional)	5. Senate ID <u>8241</u>
7. Client Name <input type="checkbox"/> Self <u>Lake Charles Memorial Hospital</u>			6. House ID <u>3354</u>

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

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report → Termination Date 12/31/04 11. No Lobbying

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>120,000</u> 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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$ _____)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Handwritten signature/initials

Signature G. Furman Barnes, III

Printed Name and Title G. Furman Barnes, III President

LD-2 (REV. 6/98)

Registrant Name Public Policy Partners, LLC Client Name Lake Charles Memorial

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

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

16. Specific lobbying issues

Energy and Water Appropriations bill for FY105

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)
<u>G. Furman Barnes III</u>	
<u>Andrew Cochran</u>	<u>Sr. Oversight Counsel, House Financial Services</u>

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

Check if None

Signature



Date

2/14/10

Printed Name and Title G. Furman Barnes, III President

Form LD-2 (Rev. 6/98)

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