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LOBBYING REPORT

I. Registrant name		
Organization KESSLER & ASSOCIATES BUSI	 NESS SERVICES	
2. Address Chock if different than previously reported	- подраждения под	
Address1 210 7TH ST., SE	SUITE 200	
City WASHINGTON State	DC Zip Code 20003	Country US
3. Principal place of business (if different than line 2)	The state of the s	***************************************
City State State	Zip Code #Zip or Country	Country
City State 4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Prefix Full Name Mr. SHANE YOUNG 202 547 6808 SY 7. Client Name	OUNG@KESSLERASSOC.COM	2150615
7. Client Name Sch	, v	6. House ID# 30748003
TYPE OF REPORT 8. Year 2006 Midycar (Janu	ary I-June30) 🗵 OR Yea	
FYPE OF REPORT 8. Year 2006 Midyear (Janu 9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report Termination Da	te 02/28/2006	r End (July 1-December
FYPE OF REPORT 8. Year 2006 Midyear (January). Check if this filing amends a previously filed version of this report	te 02/28/2006 12 OR Line 13	r End (July 1-December 11. No Lobbying Activ
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Provide a good faith estimate, rounded to the nearest \$20,000,	12 OR Line 13 13. Organ EXPENSES relating to lobbying activere: Less than \$10,000 \$10,000 or more \$\$ 14. REPORTING METHOD, Ch.	r End (July 1-December 11. No Lobbying Activities for this reporting
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report	12 OR Line 13 13. Organ EXPENSES relating to lobbying as were: Less than \$10,000 \$10,000 or more \$14. REPORTING METHOD. Chaccounting mothod. See instruction Method A. Reporting amount	ar End (July 1-December 11. No Lobbying Activities for this reporting activities for this reporting as for description of options using LDA definitions on the under section 6033(b)(8)

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	MMM - Medicare/Medicaid	(one per page)
6. Specific lobbying issue	es	
PHARMACY MEDICARE REFORM		
7. House(s) of Congress a	and Federal agencies contacted	Check if None
US HOUSE OF REPRESE	NTATIVES	
8. Name of each individu	al who acted as a lobbyist in the	nîs issue area
Nar	*	Covered Official Position (if applicable)
Nar	st Nume Suffix	Covered Official Position (if applicable)
Name Name Lu ICHARD KESSLI	st Nume Suffix ER	Covered Official Position (if applicable)
Nar First Name Lu ICHARD KESSLI RANK POLK	St Nume Suffix	Covered Official Position (if applicable)
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First Name CHARD KESSLE RANK POLK ON BILLYLEE EVANS	st Nume Suffix	Covered Official Position (if applicable)

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