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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>THE KERRY S. PEARSON, LLC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1225 19TH STREET NW, SUITE 825 WASHINGTON, DC 20036</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <u>KERRY PEARSON</u>	Telephone <u>202 331-7080</u>	E-mail (optional) <u>kspl@kspinc.com</u>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>DOCTORS COMMUNITY HEALTHCARE CORPORATION</u>	6. House ID # <u>35241000</u>		

TYPE OF REPORT 8. Year 2000 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 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>\$30,000</u> <small>Income (nearest \$20,000)</small></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"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></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 only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: 

Printed Name and Title

KERRY S. PEARSON, CHAIRMAN & CHIEF EXECUTIVE OFFICER

LD-2 (REV. 6/96)

PAGE 1 of 5

Registrant Name THE KERRY S. PEARSON LLC Client Name DOCTORS COMMUNITY HEALTHCARE CORP

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 page(s) as needed.

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

16. Specific lobbying issues

CLIENT IS SEEKING BOND FINANCING INCREASE

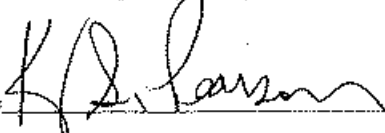
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)	N
<u>KERRY S. PEARSON</u>	<u>NOT APPLICABLE</u>	<input type="checkbox"/>
		<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 listed on line 16 above Check if None

Signature  Date 1/23/01
Printed Name and Title KERRY S. PEARSON, CHAIRMAN & CHIEF OPERATING OFFICER

Registrant Name THE KERRY S. PEARSON Client Name DOCTORS COMMUNITY HEALTHCARE CORP
LLC

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 page(s) as needed.

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

16. Specific lobbying issues

CLIENT IS SEEKING E2 BOND FINANCING INCREASE.

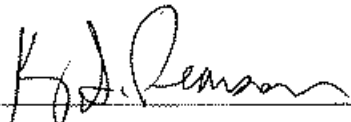
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)	New
KERRY S. PEARSON	NOT APPLICABLE	<input type="checkbox"/>
		<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 listed on line 16 above Check if None

Signature  Date 1/23/01
Printed Name and Title KERRY S. PEARSON, CHAIRMAN & CEO

Registrant Name THE KERRY S. PEARSON, LLC Client Name DOCTORS COMMUNITY HEALTHCARE CORP

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 page(s) as needed.

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

16. Specific lobbying issues

CLIENT IS SEEKING EZ BOND FINANCING INCREASE.

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

U.S. HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)	New
KERRY S. PEARSON	NOT APPLICABLE	<input type="checkbox"/>
		<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 listed on line 16 above Check if None

Signature *Kerry S. Pearson* Date 1/23/01
Printed Name and Title KERRY S. PEARSON, CHAIRMAN & CEO

Registrant Name THE KERRY S. PEARSON LLC Client Name DOCTORS COMMUNITY HEALTHCARE CORP

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

SAME AS PREVIOUSLY REPORTED

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

SAME AS PREVIOUSLY REPORTED.

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

NOT APPLICABLE

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)
NOT APPLICABLE		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

NOT APPLICABLE

FOREIGN ENTITIES

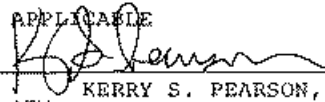
27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
NOT APPLICABLE				

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

NOT APPLICABLE

Signature



Date

1/23/07

Printed Name and Title

KERRY S. PEARSON, CHAIRMAN & CEO

Form LD-21 (Rev. 6/98)

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