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

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

t, Registrant Name				
Vencor, Inc.,				
2. Address				
680 South Fourth Avenue				
Principal Place of Business (if different from free 2)	111111111111111111111111111111111111111	16684666144-6-1-4		
City: Louisville State	Zip (or Country) KY 40202			
. Contact Name Telephone	E-mail (optional)	5. Seniate ID#		
Tom Grissom (502) 596-7117		39952		
Chieni Name S Self		6. House ID #		
	•	33596		
Check if this is a Termination Report $\square \Rightarrow$ Termination NCOME OR EXPENSES - Complete Either		11. No Lobbying Activity		
12. Lobbying Firms	13. Organizations			
NCOME relating to lobbying activities for this reporting cried was:	EXPENSES relating to lobbying activities for this reporting period were:			
ess than \$10,000 🗀	Less than \$10,000 🗔			
10,000 or more 🔲 😙 \$	\$10,000 or more 🖏 🖒 \$_45,850			
Income (tearest \$20,000)	Exponses (nearest \$20,000)			
ovide a good faith estimate, rounded to the nearest \$20,000.	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.			
all lobbying related income from the client (including all yments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definitions only			
activities on behalf of the client).	Method B. Reporting amounts under section 6033(b)(8)of the Internal Revenue Code			
	Method C. Reporting amounts or Internal Revenue Coc	nder section 162(e) of the le		
Danie Jeones L Line	-			
nted Name and Title Thomas L. Grissom, Vice	President - Government Affai			
2 (REV. 6/98)	23, 4 40 J	PAGE Lat 3		

Registrant Name	Vencor,	Inc	Client Nam	c Vencor,	Inc.		
	ing on beha	df of the client du	ring the reporting	period. Using	eneral issue areas in a separate page for		
15. General issue	area code	MMM (or	ne per page)				
16. Specific lobb	ying issues	:					
FY2000 SB 472		for Medicare	and HHS.				
						•	
17. House(s) of C	Congress an	nd Federal agencie	es contacted	Check	if None		
				•			
18. Name of each	i individual	l who acted as a lo	obbyist in this iss	ue area			
	` N	laton		Cove	red Official Position (if appl	icable)	New
Thomas	L. Gris	som	v:	lce Presiden	t - Government	Affairs	
	-17:11-77:138171:1181713	***************************************		133613133761333611333711333111	1441441-114-4-144-11		
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AIBII (117-7-7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		·					0
					-1/4111/41		
19. Interest of each	s Careian oot	itu in the enenific ic	cues listed on line	16 shoue I	☑ Check if None		
(7. Ignoress of Each	A NACIGII CIN	ny m one specific is	30G RSGG 011 HRC		W Cheek ii Ivone		
Signature	Longs	L G	more		Date 5/5-/	1,5	<del></del>
Printed Name and	Title The	omas L. Griss	om, Vice Fre	aident - Gov	ernment Affairs	·	
Form LD-2 (Rev.6/98)						Page <u>Z</u> of <u>3</u>	

egistrant Name Vencor,	Inc. Ci	lient Name Vencor, Inc.		· ·	
iformation Update P	age - Complete ONLY wh	ere registration information ha	s changed.		
الم المستووع الم عدد المستورين ال	80 South Fourth Aver Louisville, KY 4020	nue 2		······································	
<ol> <li>Client new principal place of but</li> </ol>			. 1444-1444-1444-4144-144		
City	State	e/Zip (or Country)			
<ol> <li>Now general description of clie</li> </ol>	nt's business or activities			141114	
OBBYIST UPDATE  3. Name of each previously	reported individual who is no	o longer expected to act as a lobi	byist for the client		
SSUE UPDATE 4. General lobbying issues	previously reported that no lo	uger pertain			
FFILIATED ORGANIZ  5. Add the following affiliate	ATIONS . led organization(s)		······································		
Natre	,,,,,,	Address	Principal Place of Business (city and state or country)		
		***************************************			
<ol> <li>Name of each previously</li> </ol>	reported organization that is a	no longer affiliated with the regi	strant or elicnt		
OREIGN ENTITIES  Add the following foreign	entities				
Name Address		Principal place of business	Amount of contribution for labbying activities	Ownership pencentage in client	
		(city and state or country)	The state of the s		
			and the same of th		
8. Name of each previously affiliated organization	reported foreign entity that me			client	
8. Name of each previously affiliated organization	reported foreign entity that no	(city and state of country)		client	
attribated organization	inh In	(city and state or country)  itemper owns, or controls, or is	affiliated with the registr	client	