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LOBBYING REPORT

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

1. Registrant Name diGenova & Toensing, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 901 15th Street, N.W. Suite 430			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC/20005			
4. Contact Name Brady Toensing	Telephone 202-289-7701	E-mail (optional)	5. Senate ID # 12254-12
7. Client Name <input type="checkbox"/> Self American Hospital Association			6. House ID # 31368004

TYPE OF REPORT 8. Year 2001 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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 align="center">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"/> ⇨ \$ _____ Expense (nearest \$10,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code</p>
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Signature *Brady Toensing*

Printed Name and Title Brady Toensing, Associate

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Registrant Name diGenova & Toensing Client Name American Hospital Associat

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

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

16. Specific lobbying issues

To advocate equitable and efficient means for compliance and enforcement of Medicare regulations. Also, the Department of Justice Guidelines on the use of the civil False Claim in health care matters

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

Senate
House of Representatives
Department of Justice

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

Name	Covered Official Position (if applicable)
Joseph E. diGenova	
Victoria Toensing	
Brady Toensing	

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

Signature  Date 2/14/02
Printed Name and Title Brady Toensing, Associate

