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LOBBYING REPORT

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

1. Registrant name Health and Medicine Counsel of Washington				
2. Address <input type="checkbox"/> Check if different than previously reported 507 Capitol Court, NE, Suite 200 Washington DC 20002 USA				
3. Principal place of business (if different than line 2) City State/Zip or Country				
4a. Contact Name Ms. Sara Arnold		b. Telephone number 202-544-7499		c. E-mail Arnold@hmcw.org
5. Senate ID # 17818-568				
7. Client Name <input type="checkbox"/> Self ASD Healthcare				6. House ID # 32764037

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 3)

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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"/> ⇨ \$ _____</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 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Edit Form >

Signature [Signature]

Date

Printed Name and Title Dale P. Dirks Legislative Consultant



Registrant Name Health and Medicine Counsel of Washington Client Name ASD Healthcare

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR - Health Issues (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement

17. House(s) of Congress and Federal agencies contacted ☐ None ☒ House ☒ Senate ☒ Other

Centers for Medicare and Medicaid Services

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

Name		Covered Official Position (if applicable)
Dale	Dirks	Legislative Consultant
Gavin	Lindberg	Legislative Consultant

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

Signature 

Date 8-9-06

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Printed Name and Title Dale P. Dirks Legislative Consultant

LD-2DS (Rev. 4.07)

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