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H.D.

LOBBYING REPORT

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

2. Address	an previously reported at Avc., NW			
Principal Place of Business (if differently Washington	nt from line 2)	Eip (or Country) E-mail (optional)	21.114411443.141	
Mike McNamara	202-857-6000		5. Sepate #17 #	
7. Client Name		IIIII KAADAI (AIII III III III III III III III III	6. House ID #	
Check if this filing amends a p	Report 🚨 🗢 Termination	Date	11. No Lobbying Activity	
INCOME OR EXPER		Line 12 OR Line 13	zations	
INCOME relating to lubbying a period was:	_	EXPENSES relating to lobbying activities for this reporting period were:		
Less than \$10,000 🗹		Loss than \$10,000 🚨		
0,000 or more □ ⇒ \$ S10,000 or more □ ⇒ \$		xpenses (nearest \$20,00f)		
\$10,000 or more □ ⇒ \$		£ £		
Provide a good faith estimate, ro	income (nearest \$20,000) anded to the nearest \$20,000,	14. REPORTING METHOD. Ch accounting method. See instruction	eck box to indicate expense	
Provide a good faith estimate, ro of all lobbying related income payments to the registrant by a	income (nearest \$20,000) anded to the nearest \$20,000, from the client (including all my other entity for lobbying	14. REPORTING METHOD. Ch	eck box to indicate expense s for description of options.	
\$10,000 or more	income (nearest \$20,000) anded to the nearest \$20,000, from the client (including all my other entity for lobbying	14. REPORTING METHOD. Ch accounting method. See instruction	neck box to indicate expense is for description of options. using LDA definitions only it under section 6033(b)(8)of the	
Provide a good faith estimate, ro of all lobbying related income payments to the registrant by a	income (nearest \$20,000) anded to the nearest \$20,000, from the client (including all my other entity for lobbying	14. REPORTING METHOD. Chaccounting method. See instruction Method A. Reporting amounts Method B. Reporting amounts	neck box to indicate expense is for description of options. using LDA definitions only it under section 6033(b)(8)of the looke	

	Arent Fox Kintner Plotkin & Kahr PLLC	,	Priority Care	
Registrant Name		Client Name		
engaged in lob information as	bying on behalf of the client du requested. Attach additional pa	ring the reporting age(s) as needed,	o reflect the general issue areas in which the regis period. Using a separate page for each code, pr	strant ovide
15. General is	sue area code HCR , (or	ne per page)		
16. Specific k	obbying issues			
Medicare/Med	licaid payment for home health serv	rices		
	of Congress and Federal agencie Representatives	es contacted	Check if None	
18. Name of	each individual who acted as a l	obbyist in this issi	ue area	
	Name		Covered Official Position (if applicable)	New
Douglas McCo	rmack			
Stacy Harbisos	1		slative Correspondent, Sen. Bill Frist (R-TN)	ū
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*	19-119-11-11-11-11-11-11-11-11-11-11-11-			
!			THE RESERVE OF THE PROPERTY OF	
19. Interest of	each foreign entity in the specific i	ssues listed on line	6 above Check if None	
	$\bigcap \bigcap$	01_		
Signature	WD U		Date 8/13/95	
Printed Name	and Title Douglas P. McCormack,	Associate	••••••	
Form 1.D-7. (Rev.6	/93}		Page 2	2 _ef

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