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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>Private Practice Section of the American Physical Therapy</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1710 Rhode Island Ave</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC, 20036</u>			
4. Contact Name <u>Joanne Dunne</u>		Telephone <u>(202) 457-1115</u>	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID # <u>60014-</u>	6. House ID # <u>35351</u>

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 Lobbyin

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 type="checkbox"/> ⇒ \$ _____ 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 re period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indic accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defi</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature [Handwritten Signature]

Printed Name and Title Blake Gwinn, Membership Specia

LD-2 (REV. 6/98)

Registrant Name PPS-APTA Client Name _____

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 (one per page)

16. Specific lobbying issues

Medicare - Varying
HIPAA Rules
Federal Direct Access

17. House(s) of Congress and Federal agencies contacted

Check if None

Senate, House, CMS (Center Medicare Services)

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

Name	Covered Official Position (if applicable)
Blake Gwinn	
Stephen Anderson	
Joanne Dunne	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature [Signature] Date 2-12-0

Printed Name and Title Blake Gwinn, Membership Specialist

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Page

Registrant Name PPS-APTA Client Name _____

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

20. Client new address

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

LOBBYIST UPDATE

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

John Hendrickson

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 Bu (city and state or co)
—		

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

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

PPS-APTA

Signature [Handwritten Signature] Date [Handwritten Date]

Printed Name and Title Blake Gwinn Member Spec.

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