

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
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SECRETARY OF THE S

# LOBBYING REPORT

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

1. Registrant name  
Organization **Richard L. Collins**

2. Address  Check if different than previously reported  
 2111 Wilson Boulevard Suite 700  
 City **Arlington** State **VA** Zip Code **22201** Country **US**

3. Principal place of business (if different than line 2)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

4a. Contact Name Prefix **Ms.** Full Name **T.L. Alexis Wears** b. Telephone number **703-351-5058** c. E-mail **alex@collinsandcompany.com**

5. Senate ID # **9922-81**

7. Client Name  Self **incentaHealth, Inc.** 6. House ID # **3277206**

**TYPE OF REPORT** 8. Year **2005** Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

**12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇒ \$ \_\_\_\_\_

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).

**13. Organizations**

EXPENSES relating to lobbying activities for this reporting were:

Less than \$10,000

\$10,000 or more  ⇒ \$ \_\_\_\_\_

**14. REPORTING METHOD.** Check box to indicate exp accounting method. See instructions for description of opti

**Method A.** Reporting amounts using LDA definitions o

**Method B.** Reporting amounts under section 6033(b)(8) Internal Revenue Code

**Method C.** Reporting amounts under section 162(e) of Revenue Code

1000122013

Form Co

Printed Name and Title **T.L. Alexis Wears, Associate** *T. Wears* *Feb. 1, 06*



Registrant Name Richard L. Collins

Client Name incentaHealth, Inc.

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

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

Seeking HHS Committee support in effort to initiate pilot program using incentaHealth technology for federal employees.

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

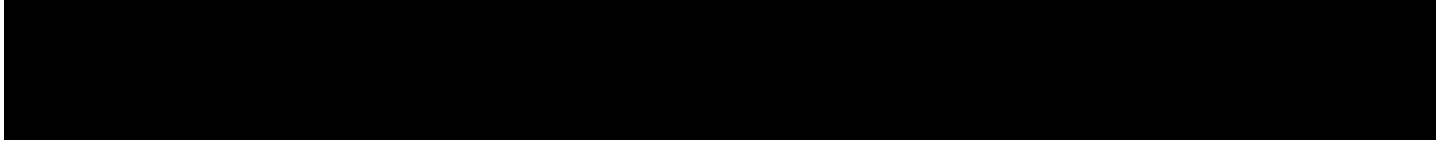
Senate, House, & HHS.

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
James D.	Bond		
Thomas A.	Hooper		
John-Paul C.	Hayworth		

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

0000122014



Registrant Name Richard L. Collins Client Name IncentaHealth, Inc.

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

**20. Client new address**

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**21. Client new principal place of business (if different than line 20)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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**

	First Name	Last Name	Suffix		First Name	Last Name	Su
1	Christina D.	West		3			
2				4			

**ISSUE UPDATE**

**24. General lobbying issues that no longer pertain**

Find the code to select below

**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address _____ C/S/Z _____	City _____ State _____ Country _____
	Address _____ C/S/Z _____	City _____ State _____ Country _____

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

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**FOREIGN ENTITIES**

**27. Add the following foreign entities**

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc client
	City _____	State/Province _____ Country _____	City _____ State _____ Country _____		

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

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Add a page for more u

0000122015

Printed Name and Title

T. L. Alexis Wears, Associate

*T. L. Alexis Wears*

Feb 17 06

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