

RECEIVED
SECRETARY OF THE SEN
PUBLIC RECORDS

04 JAN 28 AM 11:41 736

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

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration 3/18/2003

2. House Identification Number

Senate Identification Number 24486-8

REGISTRANT

3. Registrant name McGuireWoods Consulting (Formerly Ross & Hardies)

Address

City

State

Zip

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

()

Contact

E-mail (optional)

6. General description of registrant's business or activities

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* ☐ Self

7. Client name Option Care, Inc.

Address

City

State

Zip

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person this section has served as a "covered executive branch official" or "covered legislative branch official" within two year acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Mary Clare Bonaccorsi</u>	
<u>Robert J. Pristave</u>	

1

Registrant Name McGuireWoods Consulting Client Name Option Care, Inc.**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

HCR

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇒ Go to line 14.☐ Yes ! Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
Option Med, Inc.	485 Half Day Road Suite 300 Buffalo Grove, IL 60089-6548	Buffalo Grove, Illinois

FOREIGN ENTITIES

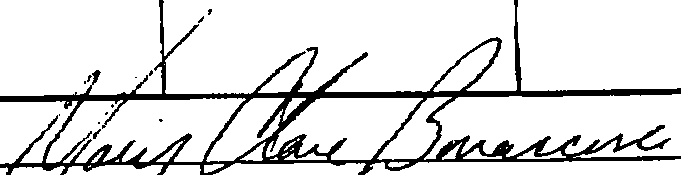
14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or supervises the lobbying activities of the client or any organization identified on line 13; **OR**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇒ Sign and date the registration.☐ Yes ! Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On file in

Signature



Date

1/7/04

Printed Name and Title

Mary Clare Bonaccorsi, Attorney at Law

