

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

SECRETARY OF THE SENATE
07 JUN 26 PM 1:27

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration 1/1/07

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name U.S. Psychiatric Rehabilitation Associa

Address 601 Global way, suite 106

City Linthicum State MD Zip 21090

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

City Linthicum State/Zip (or Country) 21090

5. Telephone number and contact name

(410) 789-7054 x14 Contact David MANK E-mail (optional) Dman

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 if the client is labeled "Self" and proceed to line 10.* ☒ Self

7. Client name

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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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)
JANE Porter	

000052792

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Form LD-1 (Rev. 06/98)

Registrant Name U.S. Psychiatric Rehabilitation Association Client Name _____

LOBBYING ISSUES

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

H C R _____

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 a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying :

☒ No ⇒ Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou

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 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 tl of the lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

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

Signature _____

Date _____

2/14/07

Printed Name and Title DAVID MANK CFO

Form LD-1 (Rev. 06/98)