

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

04 MAR - 8 1

LOBBYING REPORT

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

1. Registrant Name Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.			5. Senate ID 25498-1
2. Address <input type="checkbox"/> Check is different than previously reported 701 Pennsylvania Avenue, NW, Suite 900, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20004			6. House ID 3173006
4. Contact Name Charles A. Samuels	Telephone 202-434-7311	E-mail (optional) casamuels@mintz.com	
7. Client Name <input type="checkbox"/> Self National Council of Health Facilities Finance Authorities (NCHFFA)			

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 Lobbying A

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 \$ 40,000
Expenses (nearest \$20,000)

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 period were:

Less than \$10,000

\$10,000 or more \$ _____
Expenses (ne

14. **REPORTING METHOD.** Check box to indicate accounting method. See instructions for descriptive

Method A. Reporting amounts using LDA d

Method B. Reporting amounts under section the Internal Revenue Code

Method C. Reporting amounts under section Internal Revenue Code

Signature _____

C. Samuels



Printed Name and Title Charles A. Samuels, Partner

LD-2 (REV. 6/98)

Registrant Name Mintz, Levin, Cohn, Ferris, et al. Client Name NCHFFA

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

15. General issue area code FIN (one per page)

16. Specific lobbying issues

Tax Legislation

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

U.S. House
U.S. Senate
Department of Treasury

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

Name	Covered Official Position (if applicable)
Charles A. Samuels	

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

Signature _____

Printed Name and Title Charles A. Samuels, Partner

Registrant Name Mintz, Levin, Cohn, Ferris, et al. Client Name NCHFFA

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

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 business (city and state or country)

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

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

Signature _____

Printed Name and Title Charles A. Samuels, Partner

