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## LOBBYING REPORT

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

1. Registrant Name <b>Krooth &amp; Altman LLP</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1850 M Street, Suite 400</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC</b> <b>20036</b>			
4. Contact Name <b>Deborah L. Steplowski</b>	Telephone <b>(202) 293-8200</b>	E-mail (optional)	5. Senate ID # <b>21927-36</b>
7. Client Name <input type="checkbox"/> Self <b>Healthcare Financing Study Group</b>			6. House ID #

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-D

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 Lobby:

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

<p><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature

Printed Name and Title **Michael E. Mazer - Attorney**

LD-2 (REV. 6/98)

Registrant Name Krooth & Altman LLP Client Name Healthcare Financing Study Group

**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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Department of Housing and Urban Development and Veterans' Administration Appropriations and Authorization Matters Budget Reconciliation Package (no specific number)

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

Department of Housing and Urban Development  
House of Representatives  
Office of Management and Budget  
United States Senate  
Department of Health and Human Resources

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

Name	Covered Official Position (if applicable)
Libretta, Donald F.	Attorney
Mazer, Michael E.	Attorney
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.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature  Date 8-14-

