

SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name PUBLIC POLICY PARTNERS, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 PENNSYLVANIA AVE. NW SUITE 850 NORTH			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20004			
4. Contact Name DAVID DURENBERGER	Telephone (202) 661-3580	E-mail (optional)	5. Senate ID # 32407-157
7. Client Name <input type="checkbox"/> Self TRIWEST HEALTHCARE ALLIANCE	6. House ID # 33545004		

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

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 Activity ☐

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 ☐ ⇒ \$ _____
Income (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 reporting period were:
Less than \$10,000 ☐
\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.
☐ Method A. Reporting amounts using LDA definitions only
☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title **DAVID F. DURENBERGER, PRESIDENT**

Registrant Name PUBLIC POLICY PARTNERS Client Name TRIWEST HEALTHCARE ALLIANCE

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, 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 DEFENSE HEALTH PROGRAMS

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

U.S. SENATE

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

Name	Covered Official Position (if applicable)	New
<u>DAVE DURENBERGER</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *David F. Durenberger* Date 8/3/00

Printed Name and Title DAVID F. DURENBERGER