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LOBBYING REPORT

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

1. Registrant Name ShawPittman LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 2300 N Street, N.W., Washington, D.C. 20037			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Claudia A. Hrvatin	Telephone (202) 663-8000	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Health Choice Network, Inc.			6. House ID # 3236

TYPE OF REPORT 8. Year 2004 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Mark H. Smith, Senior Government Relations Advisor

LD-2 (REV. 6/98)

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Registrant Name ShawPittman LLP Client Name Health Choice Network, Inc.

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

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

16. Specific lobbying issues

Appropriations
Community Health Centers
Health Information Technology

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

US House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
Mark H. Smith	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

Mark H. Smith

Date 7/19/04

