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LOBBYING REPORT

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

1. Registrant Name Private Practice Section of the American Physical Therapy Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1710 Rhode Island Ave. NW, 8th Floor			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Joanne E. Dunne	Telephone (202) 457-1115	E-mail (optional) jdunne@ppsapta.org	5. Senate ID # 600
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3536

TYPE OF REPORT 8. Year 2002 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> 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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Joanne E. Dunne

Printed Name and Title

Joanne E. Dunne, CAE Executive Director

Registrant Name Ice Section of the American Physical Th Client Name _____

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

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

16. Specific lobbying issues

H.R. 3834 & S 1394 (Medicare Access to Rehabilitation Services Act of 2002/1)
H.R. 4954 (Medicare Modernization and Prescription Drug Act of 2002)
H.R. 3357 & S 1707 (Medicare Physician Payment Fairness Act of 2001)

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

Senate, House of Representatives

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

Name	Covered Official Position (if applicable)
George Olsen	
Joanne Dunne	
John Hendrickson	
Stephen Anderson	

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

Signature Joanne E. Dunne Date 8/14/02
Printed Name and Title Joanne E. Dunne, CAE Executive Director

Registrant Name ice Section of the American Physical Th Client Name _____

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

Kathlene Deck

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

SMB

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

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 registra affiliated organization

Signature Joanne E. Dunne Date 2/14/02

Printed Name and Title Joanne E. Dunne, CAE Executive Director

