

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
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SECRETARY OF THE SENATE

05 MAR 11 09:11:37

# LOBBYING REPORT

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

1. Registrant name  
Organization Mr. Richard Stone

2. Address  Check if different than previously reported  
Address 1 2038 Winged Foot court  
City Reston State Va Zip Code 20191 Country US

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

4a. Contact Name Prefix Full Name <u>Mr. Richard D. Stone</u>	b. Telephone number <u>(202) 744 9805</u>	c. E-mail <u>rdstone@comcast.net</u>	5. Senate ID # <u>87472 -</u>
7. Client Name <input type="checkbox"/> Self <u>Texas Association for Home Care</u>			6. House ID # <u>3660600</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

**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>20,000</u></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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions c</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Mr. Richard Stone



Registrant Name Richard Stone Client Name Texas Association for

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

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

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

medicare and medicaid

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

Senate  
House

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for t

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
<u>Richard</u>	<u>Stone</u>		

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

Add a page for a diff

Printed Name and Title Mr Richard Stone



Registrant Name Richard Stone Client Name Texas Association for Ho

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City State Zip Code Country

21. Client new principal place of business (if different than line 20)

City State Zip Code 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

First Name Last Name Suffix First Name Last Name S

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1 National Assoc. for Home Care 2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe cli
	City	State/Province Country	City		
			State Country		

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title \_\_\_\_\_

LD-2DS (REV. 4/03)

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