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02 FEB 14 PM 1:

## LOBBYING REPORT

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

1. Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 1333 New Hampshire Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Bill Paxon		Telephone 202-887-4000	E-mail (optional) 5. Senate ID# 682-16
7. Client Name <input type="checkbox"/> Self New York State Health Facilities Association		6. House ID# 31784	

**TYPE OF REPORT** 8. Year 2001 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 Lobbyi

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> 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 checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6011 of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title Bill Paxon, Senior Advisor

[REDACTED]

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name New York State Health Facilities A

**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 MMM (one per page)

16. Specific lobbying issues

Medicare regulatory issues

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

☐ Check if None

U.S. House of Representative

U.S. Senate

Health Care Financing Administration

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

Name	Covered Official Position (if applicable)
Karen Goldmeier Green	
Anthony Foti	
Barney J. Skladany	

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

☒ Check if None

Signature \_\_\_\_\_ Date February 14, 200

Printed Name and Title Bill Paxon, Senior Advisor



Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name New York State Health Facilities /

**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 HCR (one per page)

16. Specific lobbying issues

Health care worker shortage

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

☐ Check if None

U.S. House of Representatives

U.S. Senate

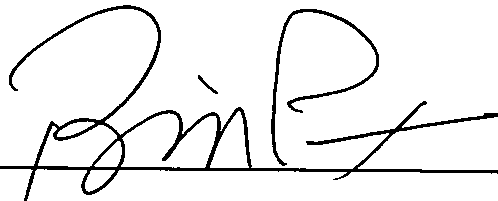
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature



Date February 14, 200

Printed Name and Title Bill Paxon, Senior Advisor

