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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 08

2. House Identification 35750

Senate Identification 69151

REGISTRANT Organization Individual

3. Registrant Organization ABERNATHY CONSULTANTS, CATHY

Address 512 C ST, NE Address2 _____
City WASHINGTON State DC Zip 20002 - _____ Co _____

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - _____ Co _____

5. Contact name and telephone number International Number

Contact Mrs. Cathy Abernathy Telephone (202) 266-3940 E-mail cabernathy@libertystar.net

6. General description of registrant's business or activities

Government Relations

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10. Self

7. Client name Care Level Management

Address 5900 Canoga Blvd
City Woodland Hills State CA Zip 91336 - _____ Co _____

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ - _____ Co _____

9. General description of client's business or activities

Healthcare Management

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Cathy	Abernathy		

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LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, ;
MMM

12. Specific lobbying issues (current and anticipated)

General Medicare/Medicaid issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Street City	Address State/Province Zip Code Country	Principal Place of Bus City State Country

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome c lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

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

Signature Cathy Abernathy Date 9/

Printed Name and Title Cathy Abernathy, President

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