

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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# LOBBYING REPORT

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

1. Registrant name <b>The Margolin Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>444 North Capitol Street</b> <b>Washington DC 20001 USA</b>			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name <b>Ms. Carla Kish</b>	b. Telephone number <b>202-347-2854</b>	c. E-mail <b>ckish@margolingroup.com</b>	5. Senate ID # <b>80350-36</b>
7. Client Name <input type="checkbox"/> Self <b>County of Los Angeles</b>	6. House ID # <b>36272006</b>		

**TYPE OF REPORT** 8. Year 2006 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

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

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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>60,000</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 align="center"><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or Internal Revenue Code</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 Internal Revenue Code</p>
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Edit Form >

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Carla Kish Vice President, Federal Affairs

000180994



Registrant Name The Margolin Group

Client Name County of Los Angeles

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

HHS Medicaid waivers for the county of Los Angeles and the State of California Administration proposals to reduce Federal Medicaid spending. Monitor implementation of law requiring citizenship verification for Medicaid eligibility.

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

US Senate  
US House of Representatives  
Dept. of Health and Human Services  
Office of Management and Budget  
The White house

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

Name		Covered Official Position (if applicable)
Burt	Margolin	
Carla	Kish	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Carla Kish Vice President, Federal Affairs

0000180995



Registrant Name The Margolin Group

Client Name California Primary Care Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the r 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 WEL - Welfare (one per page)

16. Specific lobbying issues

Oppose efforts to cut funding for Chid support enforcement and TANF programs and to limit TANF flexibility in new HHS regulations defining work requirements.

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

Dept. of Agriculture  
Dept. of Health and Human Services

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

Name	Covered Official Position (if applicable)
Burt Margolin	
Carla Kish	

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

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Registrant Name The Margolin Group Client Name California Primary Care Association

**ADDENDUM for General Lobbying Issue Area IMM**

16. Specific lobbying issues (continued from previous page)

- The Homeland Security Appropriations Bill and CIC policies Monitor efforts to restructure the immigration responsibilities of the Homeland security Dept. Monitor amendments to appropriations bills that could change immigration statutes Monitor comprehensive immigration reform legislation, including S.1438, S.2611 and HR .

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Registrant Name The Margolin Group

Client Name County of Los Angeles

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

20. Client new address

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

City

State/Zip

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

**ISSUE UPDATE**

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)

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	Owns percent client

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Carla Kish Vice President, Federal Affairs

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