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

RECEIVI SECRETARY OF T PUBLIC REC

02 FEB 28

## **LOBBYING REPORT**

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

1. Registrant Name			
Harold Ford and Company, L.L.C.		*44.941.49801.499840000000000000000000000000000000000	
2. Address Check if different than previously reported			
6060 Poplar Avenue, Suite 150			
3. Principal Place of Business (if different from line 2)		***************************************	
City: Memphis State	Zip (or Country) Tennessee 38119		
4. Contact Name Telephone	E-mail (optional) 5.	. Senate ID#	
Harold Ford (901) 685-1200	) hford@hfordgroup.com	1512	
7. Client Name Self	4	. House ID#	
MIM Corporation		3381	
INCOME OR EXPENSES - Complete Either  12. Lobbying Firms	Line 12 OR Line 13  13. Organization	ns	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this rep		
Less than \$10,000	period were:  Less than \$10,000		
	\$10,000 or more □ □ \$		
\$10,000 or more  \$\ \display \\$ \$\\$60,000.00	Expenses	(nearest \$20,00	
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of		
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definit		
activities on behalf of the client).	Method B. Reporting amounts under section 603. Internal Revenue Code		
	Method C. Reporting amounts under Internal Revenue Code	r section 162	
Signature Haused Face			
Printed Name and Title Harold F	ord, President		

gistrant Name	Harold Ford and Company, I	L.L.C. Client N	lame	MIM Corporation
		•		
gaged in lobl	NCTIVITY. Select as many bying on behalf of the client requested. Attach additional	during the repor	ting period. I	the general issue areas in which the identification is separate page for each code
. General iss	sue area code MMM	(one per page)		
; ; ;				
	bbying issues			
Participation Issues relat	n in a demonstration project for a led to providing prescription drug	disease managem g coverage for Med	ent for severely licare Program	/ chronically ill Medicare beneficiaries. Beneficiaries.
•				
t t				
House(s) o	of Congress and Federal ager	ncies contacted	П	Check if None
	or Medicare and Medicaid Se			NICCE II INDIRE
N		. 1.11		
. Name of e	ach individual who acted as	a lobbyist in thi	s issue area	
. Name of e	ach individual who acted as	a lobbyist in thi	s issue area	Covered Official Position (if applicable)
. Name of e		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
; ; ; ;		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
! ! ! !		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
; ; ; ;		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
; ; ; ;		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
; ; ; ;		a lobbyist in thi	s issue area	Covered Official Position (if applicable)
; ; ; ;				Covered Official Position (if applicable)
; ; ; ;	Name			Covered Official Position (if applicable)
; ; ; ;	Name			Covered Official Position (if applicable)
-larold Ford	Name			
-larold Ford	Name			Covered Official Position (if applicable)  Check if None
-larold Ford	Name			
-larold Ford	Name	Fic issues listed on		