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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

LOBBYING REPORT

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

1. Registrant Name		
Michael Best & Friedrich LLP		
2. Address		
1 South Pinckney Street, Suite 700		
3. Principal Place of Business (if different from line 2)		
City: Madison State/zip	o (or Country) WI 53703	
City: Madison State/zip 4. Contact Name Telephone	E-mail (optional) 5. Senate ID #	
Raymond P. Taffora, Esq. 608-257-3501	rptaffora@mbf-law.com 26706-12	
7. Client Name 🔲 Self	6. House ID #	
National Association of Community Healt	th Centers, Inc. 35570001	
9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report □ □ □ Termination	•	
INCOME OR EXPENSES - Complete Eith	er Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:	
Less than \$10,000 🗆	Less than \$10,000 🗖	
\$10,000 or more \(\) \(\$10,000 or more	
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).	Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expactounting method. See instructions for description of optom Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 60330 Internal Revenue Code	
	☐ Method C. Reporting amounts under section 162(e) Internal Revenue Code	
Signature August 2457 Filing #45737db7-a880-4f0d-a318-d245	Date 9.10.04	

Fillited Name and The

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Michael Best & Friedrich Client 1	
LOBBYING ACTIVITY. Select as many codes as neces engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed	ting period. Using a separate page for each cod
15. General issue area code HCR (one per page)	
16. Specific lobbying issues	
Community Health Centers Access and Tech Waiver Program and Exchange Visitor Prog HRSA Organizational Issues; FY2005 DHHS for Medicare Bad Debts; Medicare Safety	gram; National Health Center Week: Budget; Reimbursement to FQHC's
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
Department of Health & Human Services	
18. Name of each individual who acted as a lobbyist in this is	ssue area
Name	Covered Official Position (if applicable)
Raymond P. Taffora, Esq.	
19. Interest of each foreign entity in the specific issues listed on	line 16 above
Signature Payald Calfory	Date 9. 16.04

Raymond P. Taffora. Esq., Partner Filing #45737db7-a880-4f0d-a318-d2456491e6e3 - Page 3 of 6

Form LD-2 (Rec. 4/03)

niormation Opdate P	age - Complete ONLY	where registration information	has changed.
20. Client new address			
7200 Wisconsin Ave	enue, Suite 210		
21. Client new principal place of b	·	0)	
_{City} Bethesda		State/Zip (or Country) MD	20814
22. New general description of clic	ent's business or activites		
LOBBYIST UPDATE 23. Name of each previously	y reported individual who	is no longer expected to act as a	lobbyist for the client
ISSUE UPDATE 24. General lobbying issues	previously reported that n	io longer pertain	
AFFILIATED ORGANI	IZATIONS		
25. Add the following affilia	ited organization(s)		
		Address	Principal Place of Bu (city and state or cou
Name			
Name			
	y reported organization th	at is no longer affiliated with th	e registrant or client
	y reported organization th	at is no longer affiliated with th	e registrant or client
	y reported organization th	at is no longer affiliated with th	e registrant or client
26. Name of each previously		at is no longer affiliated with th	e registrant or client
26. Name of each previously FOREIGN ENTITIES		Principal place of business (city and state or country)	e registrant or client Amount of contribution for lobbying activities
26. Name of each previously FOREIGN ENTITIES 27. Add the following foreign	gn entities	Principal place of business	Amount of contribution
26. Name of each previously FOREIGN ENTITIES 27. Add the following foreign	gn entities	Principal place of business	Amount of contribution
26. Name of each previously FOREIGN ENTITIES 27. Add the following foreign to the second se	gn entities Address	Principal place of business	Amount of contribution for lobbying activities
26. Name of each previously FOREIGN ENTITIES 27. Add the following foreign to the second se	gn entities Address ported foreign entity that no	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Printed Name and Title

Form LD-2 (Rev. 4/03)