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erk 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

SECRETARY OF

LOBBYING REPORT

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

1. Registrant name			
Organization Alston & Bird, LLP			
2. Address Check if different than previously reported			······································
Address1 601 Pennsylvania Avenue, 10th Floor			
City Washington State I	DC z	ip Code 20004	Country US
3. Principal place of business (if different than line 2)	4	***************************************	,
City Atlanta State City State	GA Z Zip or Country	ip Code 30309	Country U
4a. Contact Name b. Telephone number Prefix Full Name	c. E-m	ail	5. Senate ID#
The control of the co	er@alston.com		1182
Capital Funding Group		***************************************	6. House ID#
Suprice Full Inding Group			31748
INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13		
12. Lobbying Firms		13. Organ	izations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES rowere:	elating to lobbying ac	ctivities for this reportin
Less than \$10,000 🔲	Less than \$10,0	000 🗖	
\$10,000 or more 🗵 🖒 \$ 20,000	\$10,000 or mor	re □ ⇒ \$	
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTI accounting met	NG METHOD. Che	eck box to indicate expe s for description of optic
payments to the registrant by any other entity for lobbying activities on behalf of the client).	☐ Method A	A. Reporting amount	ts using LDA definitions or ts under section 6033(b)(8)
	☐ Method (ts under section 162(e) of the
	<u> </u>		Form C

Printed Name and Title Jonathan M. Winer, Partner

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Registrant Name Alston & Bird, LLP	Client Name Capital Funding Group
LOBBYING ACTIVITY. Select as many codes as engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) a	s necessary to reflect the general issue areas in which the reporting period. Using a separate page for each coas needed.
15. General issue area code MMM - Medicare/Medica	id (one per page)
16. Specific lobbying issues	Add page to continue specific issues description for this issue
Legislative and regulatory matters before various for Congress related to Medicaid reimbursement issue	ederal agencies including HUD and HHS as well as es.
17. House(s) of Congress and Federal agencies contained House Senate CMS 18. Name of each individual who acted as a lobbyist in the contained House Senate CMS	
Name First Name Last Name Suffix Thomas A. Scully	Covered Official Position (if applicable) Centers for Medicaid and Medicare -Administrator
Jennifer W. Bell	Senate Comm Committee- Counsel
19. Interest of each foreign entity in the specific issues	s listed on line 16 above Check if None

Page 2

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Registrant Name Alston		· · · · · · · · · · · · · · · · · · ·	Name Capital Fu		
Information Upo	late Page - Com	plete ONLY where reg	istration info	rmation has chan	ged.
20. Client new address Address	5				
City		C	er e i	_	
	pal place of business (if	State different than line 20)	Zip Code	Co	untry
 City		State	Zip Code	Co	
	ription of client's busin				untry
LOBBYIST UPDA					=-
23. Name of each pr	eviously reported ind	lividual who is no longer	expected to act	as a lobbyist for the	client
1		3			
2		4			
ISSUE UPDATE					
24. General lobbying	issues that no longe	r pertain	ind the code to	select below.	
		t			
AFFILIATED OR					
25. Add the following	g affiliated organizati	on(s) Address		Principal place of (city and state of	
25. Add the following	g affiliated organizati				
25. Add the following	g affiliated organizati Address C/S/Z			(city and state of City State C	
25. Add the following	g affiliated organizati			(city and state of	or count
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