

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

SECRETARY OF
06 MAR 23 A

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 <input type="checkbox"/> Check if different than previously reported			
Address 1 601 Pennsylvania Avenue, 10th Floor			
City	Washington	State	DC
		Zip Code	20004
			Country US
3. Principal place of business (if different than line 2)			
City	Atlanta	State	GA
		Zip Code	30309
			Country U
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Jonathan M. Winer	(202) 756-3342	jwiner@alston.com
7. Client Name <input type="checkbox"/> Self		5. Senate ID #	
Capital Funding Group		1182	
		6. House ID #	
		31748	

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☐ OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME 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>20,000</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>13. Organizations</p> <p>EXPENSES 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>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form C

Printed Name and Title Jonathan M. Winer, Partner



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Client Name Capital Funding Group

15. General issue area code MMM - Medicare/Medicaid (one per page)

Add page to continue specific issues description for this issue

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House
Senate
CMS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

[illegible]

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

Add a page for a differen

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59221000



Registrant Name Alston & Bird, LLPClient Name Capital Funding Group**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

ISSUE UPDATE24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1

3

5

2

4

6

Add a page for more

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