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05 FEB 14 PM 12: 51

LOBBYING REPORT

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

1. Registrant name	
Organization The McManus Group	
2. Address Check if different than previously reported	
Address 660 Pennsylvania Ave. SE, Suite 201	
City Washington State	DC Zip Code 20003 Country U
3. Principal place of business (if different than line 2)	
City State	Zip Code Country Zip or Country
4a. Contact Name Prefix Full Name b. Telephone number	c. E-mail 5. Senate ID#
Mr. John McManus 202-548-2317 Jm 7. Client Name	cmanus@mcmanusgrp.com 286096 6. House ID #
American Medical Association	36969
INCOME OR EXPENSES - Complete Either 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 repowere:
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,	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 activities on behalf of the client).	Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 6033 Internal Revenue Code
	Method C. Reporting amounts under section 1620 Revenue Code
	Form

Printed Name and Title John McManus, President, The McManus Group

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Registrant Name The McMa	nus Group	Client Nam	e American M	ledical Association		
Information Update		NLY where registr	ation inform	ation has changed.		
20. Client new address			-			
Address						
City		State DC	Zip Code	Country		
21. Client new principal pl	ace of business (if differer	nt than line 20)				
City		State	ip Code	Country		
22. New general description	n of client's business or ac	tivities				
LOBBYIST UPDATE 23. Name of each previo	usly reported individual	l who is no longer exp	pected to act as	a lobbyist for the client		
		[3]				
		4				
2		<u> * 1</u>				
ISSUE UPDATE 24. General lobbying iss HCR	ues that no longer perta		d the code to s	elect below.		
AFFILIATED ORGA	ANIZATIONS					
25. Add the following at	filiated organization(s)			n i li i chuai		
Name		Address		Principal place of Busi (city and state or cou		
	Address			City		
	C/S/Z			State Country		
	Address	Address		City		
	C/S/Z			State		
26. Name of each previous	ously reported organizat	ion that is no longer a	iffiliated with t	he registrant or client		
1	2		3			
FOREIGN ENTITIES 27. Add the following for						
Nane	Address Street Address		ace of business ate or country)	Amount of contribution for lobbying activities		
***************************************		City				
•		State	Country			
28. Name of each previou	sly reported foreign entity	that no longer owns, <u>o</u> r	r controls, or is	l taffiliated with the registra		
affiliated organization			5	,		
	[3]			,		
2	4		6			

Add a page for mo

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Page

	IcManus Group	,	Client Name	American Medical Association
LOBBYINGACTIV	ITY. Select as m	ent during the i	reporting period.	t the general issue areas in which th Using a separate page for each co
15. General issue area	code MMM - Med	dicare/Medicaid	<u> </u>	(one per page)
16. Specific lobbying i				
Reform of the phys	sician sustainable (growth rate pay	ment formula	
17. House(s) of Congr House, Senate, Ex				f None ith and Human Services
18. Name of each indi	ividual who acted	l as a lobbyist i	in this issue area	Add a page to continue addit-ig kathylsts fo
18. Name of each indi	ividual who acted Name Last Name	l as a lobbyist i	1	Add a page to continue additing leabylists for deficial Position (if applicable)
First Name	Name		Covere	· •
First Name	Name Last Name		Covere	ed Official Position (if applicable)
First Name	Name Last Name		Covere Staff Director,	ed Official Position (if applicable)
First Name	Name Last Name		Covere Staff Director,	ed Official Position (if applicable)
First Name	Name Last Name		Covere Staff Director,	ed Official Position (if applicable)
First Name	Name Last Name		Covere Staff Director,	ed Official Position (if applicable)
First Name	Name Last Name		Covere Staff Director,	ed Official Position (if applicable)

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