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03 JAN 16 PM 3:05

LOBBYING REPORT

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

1. Registrant Name <u>SCAN Health Plan</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>3800 Kilroy Airport Way, Suite 100, Long Beach, CA</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Michael Mayers</u>		Telephone <u>562-989-5247</u>	E-mail (optional) <u>michael.mescanhealthplan.com</u>
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # <u>6792</u>
			6. House ID #

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-De

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 Lobbyin

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 type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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 checked="" type="checkbox"/> ⇒ \$ <u>220,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defini</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Michael L. Mayers

Printed Name and Title Michael L. Mayers - Director, Public & Government Affairs

LD-2 (REV. 6/98)

P

Registrant Name SCAN Health Plan Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues Social HMO permanency.
Medicare Choice payment.

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

US Senate
US House of Representatives
Centers for Medicaid & Medicare Services
US Department of Health & Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Michael Mayers</u>	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Michael L. Mayers Date 1/7/03

Printed Name and Title Michael L. Mayers - Director Public & Government ACR

