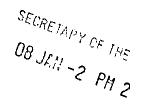
erk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration 127 2. House Identification Senate Identification REGISTRANT ✓ Organization Individual 3. Registrant Organization 4C Communications, Inc. Address 3141 John Humphries Wynd, Suite 136 Address2 City Raleigh State NC Cou Zip 27612 4. Principal place of business (if different than line 3) State Cot 5. Contact name and telephone number International Number Mr. **Brad Crone** Telephone (919) 834-8994 Contact E-mail nwerren@stateandfed.com 6. General description of registrant's business or activities Field based health care education, including forums and advisory committees **CLIENT** A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shou labeled "Self" and proceed to line 10. Self 7. Client name Healthcare Leadership Council Address 1001 Pennsylvania Avenue NW, Suite 550 South City Washington State DC Zip 20004 Cot 8. Principal place of business (if different than line 7) City State Zip Cot 9. General description of client's business or activities Health care access and affordablility, patient safety, and medical liability reform LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pers this section has served as a "covered executive branch official" or "covered legislative branch official" within two years o a lobbyist for the client, state the executive and/or legislative position(s) in which the person served. Name Covered Official Position (if applicable) First Last Suffix Brad Crone

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11. General lobbying issue areas HCR MMM CSF					
12. Specific lobbying issues (cur Issues related to the implementa	<u>-</u>	, v			
AFFILIATED ORGA	NIZATIONS			•••	
13. Is there an entity other than t a semiannual period and in whole				·	_
✓ No> Go to line 14.			lete the rest of this then proceed to lin		ach entity ma
Name		Address		Prir	cipal Place of
	Street City	State/Provi	nce Zip Code Count	try	
				City	
				State	Cour
				City	
				State	Cour
				City	
				State	Cou
FOREIGN ENTITIES	 	-		•	
14. Is there any foreign entity					
 a) holds at least 20% e b) directly or indirectly the client or any organ c) is an affiliate of the lobbying activity? No> Sign and date 	y, in whole or in m ization identified o client or any organ	najor part, plans, super on line 13; or nization identified on	vises, controls, dir	ects, finances lirect interest i	or subsidize
V 140> Sign and date	—-	The state of the s	ove, then sign the r		
Name St Ci	Address reet ity State.	Pi	rincipal place of busin city and state or count	1033	nt of contribute
·		City			
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ADDITIONAL LOBBYISTS

10. Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

	Name		Covered Official Position (if applicable)	
First	Last	Suffix	<u> </u>	
	·			
	1			

ADDITIONAL LOBBYING ISSUES

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant ir a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

Principal Place of B				Address		Name
					Stre	
		Country	Zip Code	itate/Province	City	
	City					
Country	State					
	City					
Country	State					
	City				<u></u>	
Country	State					

ADDITIONAL FOREIGN ENTITIES

14. Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

