

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

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 12/

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 Zip 27612 - _____ Cot _____

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - _____ Cot _____

5. Contact name and telephone number

International Number

Contact Mr. Brad Crone Telephone (919) 834-8994 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 should 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 affordability, 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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LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

HCR MMM CSP INS

12. Specific lobbying issues (current and anticipated)

Issues related to the implementation of Medicaid Part D

AFFILIATED ORGANIZATIONS

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

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Address			Principal Place of Bus
	Street City	State/Province	Zip Code Country	
_____	_____	_____	_____	City _____ State _____ Country _____
_____	_____	_____	_____	City _____ State _____ Country _____
_____	_____	_____	_____	City _____ State _____ Country _____

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

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

Signature Brad Crane, Principal Date 12/1

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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	

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 in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

Name	Address			Principal Place of Business
	Street City	State/Province	Zip Code Country	
				City State Country
				City State Country
				City State Country

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

