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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 4/22/2005

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Fleischman and Walsh, L.L.P.

Address 1919 Pennsylvania Ave, NW

City Washington

State DC

Zip 20006

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 939-7962

Contact Chirstine Pellerin

E-mail (optional) cpellerin

6. General description of registrant's business or activities

Law Firm

### CLIENT

*A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.*  Self

7. Client name National Association of Community Health Centers

Address 2001 L Street, NW

City Washington

State DC

Zip 20036

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

An Association of Community Health Centers

### 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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Christine Pellerin	
Louis Dupart	
James Link, Stanley Skocki, III	



Registrant Name Fleischman and Walsh, L.L.P. Client Name National Association of Community Health C

**LOBBYING ISSUES**

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

HCR            BUD           

12. Specific lobbying issues (current and anticipated)

General Appropriations Issues relating to Health Care

**AFFILIATED ORGANIZATIONS**

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

No ⇨ Go to line 14.  Yes ⇩ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or countr

**FOREIGN ENTITIES**


14. Is there any foreign entity that:

- 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 subside activities of 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 out of the lobbying activity?

No ⇨ Sign and date the registration.  Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

*[Signature]* Date 4/26/05

Signature   
Printed Name and Title Christine Pellerin, Director of Federal Affairs

Form LD-1 (Rev. 04/03)