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LOBBYING REPORT

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

1. Registrant name	
Organization	Shaw Pittman LLP
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	2300 N. Street NW
City	Washington
State	DC
Zip Code	20037
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	City
4a. Contact Name	
Prefix	Full Name
Ms.	Jana McKamey
b. Telephone number	
202-663-8327	
c. E-mail	
jana.mckamey@pillsburylaw.com	
5. Senate II	
3	
7. Client Name <input type="checkbox"/> Self	
Health Choice Network, Inc.	
6. House II	

000363492

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 02/16/2005 11. No Lob

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for the reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u> </u></p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA disclosure method</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(b)(7)(C) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(b)(7)(D) Internal Revenue Code</p>
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Printed Name and Title Joseph A. Cannon, Partner

Registrant Name Shaw Pittman LLP Client Name Health Choice Network, Inc

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this*

Appropriations
Community health centers
Health information technologies

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

US House of Representatives
US Senate
Office of Management and Budget

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding list*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark H.	Smith		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page

Printed Name and Title Joseph A. Cannon, Partner *Joseph A. Cannon*

000363493

Registrant Name Shaw Pittman LLP Client Name Health Choice Network, Inc

Information Update Page - Complete ONLY where registration information has cha

20. Client new address

Address

City

State

Zip Code

C

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

C

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for th

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place (city and state)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or c

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the r affiliated organization

1

3

5

2

4

6

Add a page

Printed Name and Title Joseph A. Cannon, Partner

Joseph A Cannon

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