

SECRET
01/10/05

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
---	--

LOBBYING REPORT

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

1. Registrant Name <u>International Capital Strategies, Inc.</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>601 13th Street NW, Suite 360N</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC-20005</u>			
4. Contact Name <u>A. Kuhnsman</u>	Telephone <u>(202) 383-0090</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>National Association for Subacute + Post Acute Care, (formerly known as National Subacute Care)</u>			6. House ID #

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Lobbying Act

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 checked="" 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature A. Kuhnsman

Printed Name and Title Asou A. Kuhnsman, President



Registrant Name ICS Client Name NASPAC (formerly known as)

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

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

16. Specific lobbying issues

During the fiscal year 2001, ICS will be lobbying on behalf of NASPAC on issues of healthcare relating to medicare, medicaid, and reimbursement policies.


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

Health and Human Services

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

Name	Covered Official Position (if applicable)
Andrea E. Simmons	Program Manager

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

Signature  Date 2/15/01
Printed Name and Title _____



Registrant Name ICS Client Name NASPAC (Formerly known a

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

601 13th Street, NW Suite 360N

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

City Washington

State/Zip (or Country) DC 20005

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 the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busine (city and state or countr
<u>NONE</u>		

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

None

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc clier
<u>NONE</u>				

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

None

Signature 

Date 8/15/01

Printed Name and Title _____

