

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

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Washington, DC 20510

SECRETARY OF  
04 FEB 27 PM

## LOBBYING REPORT

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

1. Registrant Name Hahn Kyle & Hollrah, LLP		
2. Address <input type="checkbox"/> Check if different than previously reported 1667 K Street, N.W. Suite 430		
3. Principal Place of Business (if different from line 2) City: Washington, D.C. 20006 State/Zip (or Country)		
4. Contact Name Russell A. Hollrah	Telephone (202) 659-0878	E-mail (optional) rhollrah@hkhllp.com
7. Client Name <input type="checkbox"/> Self Private Care Association, Inc.		5. Senate ID #  6. House ID #

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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 Lobbyin

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 66 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature Russell A. Hollrah  
Printed Name and Title Russell A. Hollrah, Partner

LD-2 (REV. 6/98)

Registrant Name Hahn Kyle & Hollrah, LLP Client Name Private Care Assn, Inc.

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

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

16. Specific lobbying issues

Reform of Medicare and Medicaid laws that relate to home-care services.

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

U.S. House of Representatives  
U.S. Senate  
Centers for Medicare & Medicaid Services

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

Name	Covered Official Position (if applicable)
Russell A. Hollrah	

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

*D... & H...*

Date 1/28/04

Signature Russell A. Hollrah

Printed Name and Title Russell A. Hollrah Partner

Form LD-2 (Rev. 6/98)

Page