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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

02 MAY 24 AM 9:

Check if this is an Amended Registration

1. Effective Date of Registration 4/15/2002

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

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

## REGISTRANT

3. Registrant name Cathy Abernathy Consultants

Address 512 C Street, NE

City Washington

State DC

Zip 20002

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

City \_\_\_\_\_

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

5. Telephone number and contact name

(202) 266-3940

Contact \_\_\_\_\_

E-mail (optional) cab

6. General description of registrant's business or activities

Political and legislative strategy

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

7. Client name Tenet Healthcare

Address P.O. Box 809088

City Dallas

State TX

Zip 75380-9088

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

City \_\_\_\_\_

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

9. General description of client's business or activities

Hospital ownership/Healthcare provider

## 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 an individual has served as a "covered executive branch official" or "covered legislative branch official" within the meaning of 5 U.S.C. 2612, 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)
<u>Cathy Abernathy</u>	<u>Chief of Staff, Congressman Bill Thon</u>
_____	_____
_____	_____



**LOBBYING ISSUES**

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

HCR MMM

12. Specific lobbying issues (current and anticipated)

- Medicare funding
- Hospital issues

**AFFILIATED ORGANIZATIONS**

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

- No ⇒ Go to line 14.  Yes ↓ Complete the rest of this section for each of the criteria above, then proceed to line 14

Name	Address	Principal Place of (city and state or

**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 1
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?

- No ⇒ Sign and date the registration.  Yes ↓ Complete the rest of this section for each of the criteria above, then sign and date the registration.

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

Signature *Cathy Abernathy* Date 05/01

Printed Name and Title Cathy Abernathy, President

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Form LD-1 (Rev. 06/98)