

## LOBBYING REPORT

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

1. Registrant Name:

### WASHINGTON GROUP

2. Address:

1401 K Street, NW Suite 1000, Washington, DC 20005

3. Principal place of business (if different from line 2):

4. Contact Name: TRACEY GRAY

Telephone: 2027892111

E-mail (optional): tgray@thewashingtongroup.com

Senate ID #: 40555-3173

House ID #:

7. Client Name:  Self

### LOUISIANA ASSN FOR AMBULATORY HEALTHCARE

## TYPE OF REPORT

8. Year 2006 Midyear (January 1 - June 30):  **OR** Year End (July 1 - December 31):

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

10. Check if this is a Termination Report:  => Termination Date: Oct 31, 2006 11. No Lobbying Activity:

## INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more:  => Income (nearest \$20,000): 40,000.00

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).

### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more:  => Expenses (nearest \$20,000): \_\_\_\_\_

### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only  
 **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
 **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: WASHINGTON GROUP Client Name: LOUISIANA ASSN FOR AMBULATORY HEALTHCARE

### 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues:

Proposed PHP regulations that would reduce payments to Community Mental Health Centers by 15%

17. House(s) of Congress and Federal agencies contacted:

Centers For Medicare and Medicaid Services (CMS)

HOUSE OF REPRESENTATIVES

Health & Human Services, Dept of (HHS)

SENATE

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

Name: ALLEN, KEVIN

Covered Official Position (if applicable): N/A

Name: BONILLA, CARLOS

Covered Official Position (if applicable): N/A

Name: BURKE, WILLIAM

Covered Official Position (if applicable): N/A

Name: EDWARDS, MELISSA

Covered Official Position (if applicable): N/A

Name: FARMER, KIMBERLEY

Covered Official Position (if applicable): N/A

Name: KULKARNI, KATHY

Covered Official Position (if applicable): N/A

Name: LEWIS, RITA

Covered Official Position (if applicable): N/A

Name: LOBO, PAUL

Covered Official Position (if applicable): N/A

Name: MARKEN, ANTHONY

Covered Official Position (if applicable): N/A

Name: MITROVICH, MARISSA

Covered Official Position (if applicable): N/A

Name: MOLINARI, SUSAN

Covered Official Position (if applicable): N/A

Name: NOONE, JAMES

Covered Official Position (if applicable): N/A

Name: PATRONE, EUGENE

Covered Official Position (if applicable): N/A

Name: RAFFAELLI, JOHN D.

Covered Official Position (if applicable): N/A

Name: SAUNDERS, TONYA

Covered Official Position (if applicable): N/A

Name: SHOGREN, BRETT

Covered Official Position (if applicable): N/A

Name: SPORIDIS, HARRY

Covered Official Position (if applicable): N/A

Name: SULLIVAN, RICHARD

Covered Official Position (if applicable): N/A

Name: WEST, FOWLER

Covered Official Position (if applicable): N/A

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

Registrant Name: WASHINGTON GROUP Client Name: LOUISIANA ASSN FOR AMBULATORY  
HEALTHCARE

**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, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: MED (one per page)

16. Specific lobbying issues:

17. House(s) of Congress and Federal agencies contacted: **None**

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

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

Signature: ON FILE Date: Feb 07, 2007

Printed Name and Title: TRACEY A. GRAY, OFFICE MANAGER -

**Information Update Page:**

**Complete ONLY where registration information has changed.**

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client**

Name: BURKE, WILLIAM  
Name: GILBERT, MEREDITH  
Name: KULKARNI, KATHY  
Name: RAFFAELLI, JOHN D.  
Name: SULLIVAN, RICHARD

**ISSUE UPDATE**

**24. General lobbying issues previously reported that NO LONGER pertain**

MED

**AFFILIATED ORGANIZATIONS**

**25. Add the following organization(s)**

**26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client**

**FOREIGN ENTITIES**

**27. Add the following foreign entities**

**28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization**

Signature: ON FILE      Date: Feb 07, 2007

Printed Name and Title: -