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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/16/03

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

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

### REGISTRANT

3. Registrant name Arent Fox Kintner Plotkin & Kahn, PLLC

Address 1050 Connecticut Ave., N.W.

City Washington

State D.C.

Zip 20036-5339

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

City \_\_\_\_\_

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

5. Telephone number and contact name

(202) 857-6345

Contact Michael J. Kurman

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law firm

**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 Advocate Health Care

Address 2025 Windsor Drive

City Oak Brook

State IL

Zip 60523

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

City \_\_\_\_\_

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

9. General description of client's business or activities

Non-profit, integrated healthcare delivery network

### 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 any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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>Robert J. Waters</u>	.....
<u>Ilisa M. Halpern</u>	.....
<u>Christine Williams</u>	.....

}

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name Advocate Health Care

**LOBBYING ISSUES**

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

HCR BUD MMM

12. Specific lobbying issues (current and anticipated)

Tort reform / Medical malpractice  
 FY '04 Labor/HHS appropriations  
 Medicaid federal matching funds  
 Medicare reimbursement

**AFFILIATED ORGANIZATIONS**

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

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou

**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 13; **or**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 in t of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

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

Signature Michael J. Kurman Date 2/5/03

Printed Name and Title Michael J. Kurman, Member

