

| | |
|---|--|
| 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 |
|---|--|

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

03 AUG 14 PH 2:39

LOBBYING REPORT

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

| | | | |
|---|--------------|-------------------|---------------------------|
| 1. Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1050 Connecticut Ave., N.W. Washington, D.C. 20036-5339 | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Michael J. Kurman | 202/857-6345 | | 4208-470 |
| 7. Client Name <input type="checkbox"/> Self University of Arkansas Medical Sciences | | | 6. House ID # 30861146 |

TYPE OF REPORT 8. Year 2003 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 _____11. No Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| | |
|--|---|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1621 Internal Revenue Code</p> |
|--|---|

Signature _____

Printed Name and Title Michael J. Kurman, Member

LD-2 (REV. 6/98)

P.

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name University of Arkansas Medical Sciences

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

Medicaid Safety Net Hospital Improvement Act
Upper payment limit

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

House of Representatives
Senate
Department of Health and Human Services

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

| Name | Covered Official Position (if applicable) |
|--------------------|---|
| Dale Bumpers | |
| Lisa Estrada | |
| Ilisa Halpern | |
| Amy Demske | |
| Christine Williams | |

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

Signature _____ Date _____

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name University of Arkansas Medical Sciences

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 BUD (one per page)

16. Specific lobbying issues

Genetic counseling consortium development
Public health appropriations

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

House of Representatives
Senate
Department of Health and Human Services

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

| Name | Covered Official Position (if applicable) |
|--------------------|---|
| Dale Bumpers | |
| Ilisa Halpern | |
| Christine Williams | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature _____ Date _____

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name University of Arkansas Medical Sciences

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

20. Client new address

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

City _____ State/Zip (or Country) _____

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

Lisa Estrada

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 Business (city and state or country) |
|------|---------|---|
| | | |

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

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

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

Handwritten signature

Handwritten initials

Signature Michael J. Kurman Date 0/17/03

Printed Name and Title Michael J. Kurman, Member

Form LD-2 (Rev. 6/98)

Page 4