

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

SECRETARY OF THE SENATE
06 AUG 22 AM

LOBBYING REPORT

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

1. Registrant name

Organization **Rose & Hefner Consulting Co. Inc**

2. Address ☐ Check if different than previously reported

Address1 **PO Box 1042**

City **Marshall**

State **VA**

Zip Code **20116**

Country **USA**

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

City State Zip Code Country
State/Zip or Country

4a. Contact Name

Prefix Full Name

Mr. Charlie Rose

b. Telephone number

540-364-3565

c. E-mail

CongCR@aol.com

5. Senate ID

33716-75

7. Client Name ☐ Self

US Oncology

6. House ID

33899005

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 _

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 ☐ ⇨ \$ _

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 ☐ ⇨ \$ _

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(c) of the Internal Revenue Code

Form Comp

Printed Name and Title **Charlie Rose President**

Charlie Rose

Client Name US Oncology

15. General issue area code MMM - Medicare/Medicaid (one per page)

Add page to continue specific issues description for this issue

reimbursement for Oncology services under Medicare	
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House

[illegible]

Printed Name and Title Charlie Rose President

0000231097

