

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
 07 JUN 2007

LOBBYING REPORT

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

1. Registrant Name <u>U.S. Psychiatric Rehabilitation Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>601 Global Way, Suite 106</u>			
3. Principal Place of Business (if different from line 2) City: <u>Linthicum</u> State/Zip (or Country) <u>MD</u> <u>21090</u>			
4. Contact Name <u>DAVID MANK</u>	Telephone <u>410-789-7054 EXT 14</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2007 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 Activities

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 type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$2,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 179 Internal Revenue Code</p>
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David Mank



Signature *[Handwritten Signature]*

Printed Name and Title David MALL CFO

LD-2 (REV. 6/98)

U.S. Psychiatric Rehabilitation Institute

Registrant Name

Client Name

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

N/A

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

None / no

Name	Address	Principal Place of E (city and state or c
<i>None</i>		

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

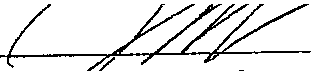
None / no

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
<i>None</i>			

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

[Signature]

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Signature  Date 6/19/07

Printed Name and Title David MANK CFO

Form LD-2 (Rev. 6/98) Page

Registrant Name US. Psychiatric Rehabilitation Association Client Name _____

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

16. Specific lobbying issues

Psychiatric Rehabilitation

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

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

Name	Covered Official Position (if applicable)
Jane Porter	N/A

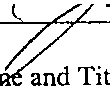
19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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[Signature]

Date 6/19/17

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Signature  _____

Printed Name and Title David Mark CFO _____

Form LD-2 (Rev. 6/98)

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