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April 15, 2003

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Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

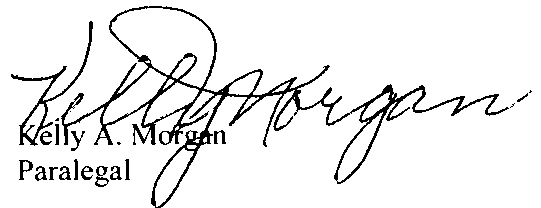
Re: Registration under the Lobbying Disclosure Act of 1995 with the Secretary of the Senate

Dear Sir or Madam:

✓ I have enclosed the Lobbying Registration on behalf of Ross & Hardies as Registrar indicating that MaryClare Bonaccorsi and Robert J. Pristave are to be registered as lobbyists. record this in your records and return a file-stamped copy to me in the self-addressed stamped envelope have enclosed.

Thank you for your assistance in this matter. If you need further assistance, please feel free to call me at (312) 750-8909.

Very truly yours,


Kelly A. Morgan
Paralegal

cc: Robert J. Pristave, P.C. (w/enclosures)
Mary Clare Bonaccorsi (w/enclosures)

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CHICAGO ▣ NEW YORK ▣ WASHINGTON

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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
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SECRETARY OF
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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 3/18/2003

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Ross & Hardies

Address 150 North Michigan Avenue, Suite 2500

City Chicago

State IL

Zip 60601-7567

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

City Chicago

State/Zip (or Country) Illinois/60601-7567

5. Telephone number and contact name

(312) 750-3576

Contact Mary Clare Bonaccorsi

E-mail (optional) _____

6. General description of registrant's business or activities

Attorneys at Law

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 Option Care, Inc.

Address 485 Half Day Road, Suite 300

City Buffalo Grove

State IL

Zip 60089-6548

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

City Illinois

State/Zip (or Country) Illinois/60089-6548

9. General description of client's business or activities

Healthcare company

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)
Mary Clare Bonaccorsi	Not applicable
Robert J. Pristave	Not applicable



Registrant Name Ross & Hardies Client Name Option Care, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

HCR

12. Specific lobbying issues (current and anticipated)

1. Issues related to payments from Illinois Medicaid Program to Option Care, Inc.;
2. Issues relating to Medicare coverage for home healthcare services, including pharmaceuticals and infusion services; and
3. Potential Medicare cost-savings through Option Med, Inc.

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 Business (city and state or country)
Option Med, Inc.	485 Half Day Road, Suite 300 Buffalo, Grove, Illinois 60089-6548	Buffalo Grove, Illinois

FOREIGN ENTITIES

14. Is there any foreign entity that:

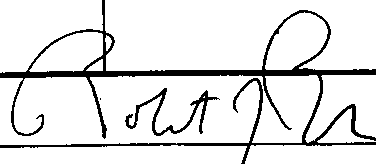
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

☒ No → Sign and date the registration.

☐ Yes → Complete the rest of this section for each entity 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



Date

04/04/200

Printed Name and Title Robert J. Pistave, Attorney At Law

Form LD-1 (Rev. 06/98)