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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 May 8, 2008

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

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

Address 1050 Connecticut Ave., NW

City Washington

State DC

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) 857-6000

Contact Mike McNamara

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 labeled "Self" and proceed to line 10.* *Self*

7. Client name Wyoming Valley Health Care System

Address 575 North River Street

City Wilkes-Barre

State PA

Zip 18664

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Healthcare System

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 of 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)
Douglas McCormack	
Alison Kutler	
Katie Clark	

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Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name Wyoming Valley Health Care System

LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)
Healthcare Appropriations

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying 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 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 *Elliott I. Portnoy* Date *5/28/02*

Printed Name and Title Elliott I. Portnoy, Member

