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LOBBYING REPORT

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

| | | | |
|--|---------------------------|---|-----------------------|
| 1. Registrant Name Holland & Knight LLP | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 2099 Pennsylvania Avenue, NW Suite 100 Washington, D.C. 20006 | | | |
| 3. Principal Place of Business (if different from line 2) City: Washington, DC State/Zip (or Country) 20006 | | | |
| 4. Contact Name Robert H. Bradner | Telephone 202-457-7004 | E-mail (optional) rbradner@hklaw.com | 5. Senate ID 18466 |
| 7. Client Name <input type="checkbox"/> Self Disease Management Association of America | | | 6. House ID 30825 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1- June 30) OR Year End (July 1-Dece

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 3/31/2003

11. No Lobbyin

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. Organization</p> <p>EXPENSES relating to lobbying activities for the period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section of Internal Revenue Code</p> |
|--|--|

Signature Robert H Bradner

Printed Name and Title Robert H. Bradner, Partner

Registrant Name Holland & Knight LLP Client Name Disease Management Association of Ame

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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Promoting the use of disease management in federal health care programs.

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

U.S. House of Representatives

U.S. Senate

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

| Name | Covered Official Position (if applicable) |
|-------------------|---|
| James Jacobson | |
| Robert H. Bradner | AA & Counsel, Honorable John Porter |
| Lynn G. Cutler | Deputy Assistant for Intergovernmental Affairs and Ser Advisor for Indian Country Issues |
| Janet Studley | |
| Michael Manthei | |
| | |
| | |

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

Signature Robert H Bradner Date 8-7-2

Printed Name and Title Robert H. Bradner, Partner

Registrant Name Holland & Knight LLP Client Name: Disease Management Association of Ame

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 County) _____

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

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 B (city and state or cc |
|------|---------|---|
| | | |

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 | Ownersl i |
|------|---------|---|---|--------------|
| | | | | |

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

Signature Robert H Bradner Date 8-7-03

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