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## LOBBYING REPORT

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

|   |  |  |  |
|---|--|--|--|
| 1. Registrant Name<br><b>Hurt, Norton &amp; Associates, Inc.</b>  |  |  |  |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>501 Capitol Court, NE Suite 200</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20002</b> |  |  |  |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____  |  |  |  |
| 4. Contact Name<br><b>Katharine C. Wood</b>   |  |  | 5. Senate ID #<br><b>18980-292</b>             |
| Telephone<br><b>202-543-9398</b>  |  |  | E-mail (optional)<br><b>kew@HurtNorton.com</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Visiting Nurse Health System</b>   |  |  | 6. House ID #<br><b>33643017</b>               |

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

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 Lobbyi

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms  | 13. Organizations   |
|---|---|
| <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____<br/>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><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162( Internal Revenue Code</p> |

*Katharine C. Wood*

Signature  Date           

Printed Name and Title **Katharine C. Wood - Secretary/Treasurer** Page

Registrant Name: Hurt, Norton & Associates, Inc.

Client Name: Visiting Nurse Health System

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific Lobbying issues

**Provide support relating to reimbursement for home health care services**

**Support legislative and administrative actions on federal reimbursement of home health care services**

17. House(s) of Congress and Federal agencies contacted  
**Department of Health & Human Services**  
**House of Representatives**  
**Senate**

Check if None

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

| Name                      | Covered Official Position (if applicable) |
|---------------------------|---|
| <b>Hurt, Robert H.</b>    |   |
| <b>Siracuse, Helen C.</b> |   |
| <b>Wood, Katharine C.</b> |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

*Katharine C. Wood*

Signature  Date 8/17/2007

Printed Name and Title Katharine C. Wood - Secretary/Treasurer P: