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SECRETARY OF THE SENATE

LOBBYING REPORT

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

Hurt, Norton & Associates, In	ic.		
 Registrant Address	fferent than previously rep E State/Zip (or Countr	Suite 200	
3. Principal Place of Business (if different			
City	State/Zip (or Countr	y)	
4. Contact Name Katharine C. Wood	Telephone 202-543-9398	E-mail (optional) kcw@HurtNorton.com	5. Senate ID 18980-29
7. Client Name Self			6, House ID
Visiting Nurse Health System			33643017
O. Check if this is a Termination F	Report 🛛 >> Terr	nination Date 1/1/2004	11. No Lo
0. Check if this is a Termination F	Report ⋈ >> Terr	Either Line 12 OR Line 13	11. No Lol
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0. Check if this is a Termination FINCOME OR EXPENS 12. Lobbying INCOME relating to lobbying act period was: Less than \$10,000 ☒ \$10,000 or more □ >> \$ □ Provide a good faith estimate, rou \$20,000 of all lobbying related including all payments to the region.	Report >> Terr SES - Complete Firms tivities for this report Income (nearest \$20,000) Inded to the nearest come from the client istrant by any other e	Either Line 12 OR Line 13 13. Or ing EXPENSES relating to lobbyt period were: Less than \$10,000 □ \$10,000 or more □ >> \$ 14. REPORTING METHOR accounting method. See instru	rganizations ing activities for this Expenses (nearest D. Check box to indications for description
0. Check if this is a Termination FINCOME OR EXPENS 12. Lobbying INCOME relating to lobbying act period was: Less than \$10,000 ☒ \$10,000 or more □ >> \$ □ Provide a good faith estimate, rou \$20,000 of all lobbying related ince	Report >> Terr SES - Complete Firms tivities for this report Income (nearest \$20,000) Inded to the nearest come from the client istrant by any other e	Either Line 12 OR Line 13 13. Or ing EXPENSES relating to lobbyt period were: Less than \$10,000 □ \$10,000 or more □ >> \$ 14. REPORTING METHOR accounting method. See instru	rganizations ing activities for this Expenses (neares D. Check box to indictions for description ounts using LDA defounts under section 6

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Signature 10000	inclarkanussa.	Date
Printed Name and Title	Katharine C. Wood - Secretary/Treasurer	

Regi	istrant Name:	Hurt, Norton & Associates, Inc.	
Clie	nt Name:	Visiting Nurse Health System	
enga	iged in lobbyin	-	to reflect the general issue areas in which the registrant generiod. Using a separate page for each code, provid.
15.	General issue	area code HCR (one per page)	
16.	Provide supp	ort relating to reimbursement for home	health care services eral reimbursement of home health care services
17.		Congress and Federal agencies contacted of Health & Human Services oresentatives	□ Check if None
18.	Name of each	individual who acted as a lobbyist in this	issue area
	Name		Covered Official Position (if applicable)
	Hurt, Rober	t H.	
	Siracuse, He	len C.	
	Wood, Kath	arine C.	
			<u> </u>
19.	Interest of ea	ch foreign entity in the specific issues lister	d on line 16 above 🔀 Check if None

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Signature	Whe wow	Date	0/10/2007
Printed Name and Title	Katharine C. Wood - Secretary/Treasurer		