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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



Lobbying Disclosure Act of 1995 (Section 5) - All Filer	s Are Required to Complete	This Page		
1. Registrant name				
Organization Susan Emmer	- Emmer Con	suring, f		
2. Address Check if different than previously reported		a e a a a e a a a a a a a a a a a a a a		
Address 7713 Oldchester Rd	1			
City Bethesda State	MO Zip Code 2081	7 Country USA		
3. Principal place of business (if different than line 2)	,			
City State City State/2	Zip Code Lip or Country	Country		
		5. Senate ID#		
4a. Contact Name Prefix Full Name Mr. S SUSAN Enwer 3013203 7. Client Name Setf	3873 Sulting @	5175351		
	Verizun. net	6. House ID#		
Ovations- UHG		3491400		
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 Lobbying Activ		
INCOME OR EXPENSES - Complete Either Line I	2 OR Line 13			
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:			
Less than \$10,000	Less than \$10,000			
\$10,000 or more ⊠ ⇒ \$ <u>∂ O y Ø O O</u>	\$10,000 or more 🔲 🖒 \$			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Chaccounting method. See instruction	_		
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions onl Method B. Reporting amounts under section 6033(b)(8)			
		Code ts under section 162(e) of the		
· · · · · · · · · · · · · · · · · · ·	Revenue Code			
		Form Con		
	•	· · · · · · · · · · · · · · · · · · ·		
Printed Name and Title Dusan Em	mer, Emmer (on suut no		
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D-2DS (Rev. 4/03)				

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5. General issue area co	de	HCR		_ (one per page)	
6. Specific lobbying issu	ies		Add page to continue s	pecific issues descrip	tion for this issue
Medi	aid	reform	legisla	hion	
7. House(s) of Congress	and Federal	agencies contacte	d Check if N	one	
1				•	
				•	
3. Name of each individ	lual who acte	ed as a lobbyist in	this issue area Ac	d a page to continue	additing lobbyists fo
First Name	lame Last Name	ed as a lobbyist in	· · ·	d a page to continue fficial Position (if a	
N	lame Last Name	· .	· · ·		
N First Name	lame Last Name	· .	· · ·		
N First Name	lame Last Name	· .	· · ·		
N First Name	lame Last Name	· .	· · ·		
N First Name	lame Last Name	· .	· · ·		
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N First Name	lame Last Name	· .	· · ·		
N First Name	lame Last Name	· .	· · ·		
First Name Susan E	lame Last Namc	Suffix	Covered O	fficial Position (if a	applicable)
First Name Susan E	lame Last Namc	Suffix	Covered O	fficial Position (if a	applicable)
N First Name	lame Last Namc	Suffix	Covered O	fficial Position (if a	applicable)

Page <u>4</u>

Registrant Name 5	usan	Enner	Client Name _	Ova	tions-	u u ,
Information Upda	te Page - 0	Complete ONLY	where registrat	ion inforn	nation has cha	nged.
20. Client new address	2 01	chester	D-d	•		_
					2-02-1-2	/ /
	thesda			Zip Code	20817	Country C
21. Client new principal	place of busin	ess (if different than l	ine 20)			
City		***************************************	State	Zip Code	•••••	Country
22. New general descrip	tion of client's Le	business or activities Move/	Lobbying	3 E P	olicy f	lepres
LOBBYIST UPDAT			_	_		
23. Name of each prev	iously reporte	ed individual who i	s no longer expec		s a lobby ist for the Last Name	he client Suffi
1			3			
2			4			
ISSUE UPDATE	_		Find th	e code to s	select below.	
24. General lobbying i	ssues that no	longer pertam				
A FEIT LATER OR	TI A TATE OF A ONLY	ONIC	<u> </u>			
AFFILIATED ORC 25. Add the following:						
Name	arrinated orga	inization(s)	Address		Principal plac	æ of Business
			Ataues			e or country)
		Address			City	
	- 1	C/S/Z			State	Country
	ī	Address C/S/Z		Į.	City State	
26. Name of each prev			is no longer offil	iated with t		rlient
20. Name of each prev	rousiy report		ris no ionger ann	iateu witii t	ne regionant di (>11CIH
		<u></u>				
FOREIGN ENTITI						
27. Add the following	foreign entitie		Parate details	·	4 6 .7	Owne
reme	Street Address City	Address State/Province Count	Principal place of (city and state or		Amount of contribution for lobbying activities	HINTI CONTRACT
***************************************		Compet Designation Comme	City	***************************************		CATAIR.
	1		State Cou			
28. Name of each previo		oreign entity that no	longer owns, or co	ntrols, <u>or</u> is a	affiliated with the	registrant, cl
affiliated organization	.1	3		5		
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