

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE

04 AUG 10 PM 3:49

LOBBYING REPORT

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


1. Registrant Name Wheat Government Relations			
2. Address <input type="checkbox"/> Check if different than previously reported 1201 South Eads Street Suite Two			
3. Principal Place of Business (if different from line 2) Arlington City:		VA 22202 State/zip (or Country)	
4. Contact Name Alan Wheat	Telephone (703) 271-8770	E-mail (optional) awheat@wheatgr.com	5. Senate ID # 47198-404
7. Client Name <input type="checkbox"/> Self Heartland Spine & Specialty Hospital			6. House ID # 3437001

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-De
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

<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>20,000.00</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. Organizations</p> <p>EXPENSES 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"/> ⇌ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature  Date _____Printed Name and Title Alan Wheat, President

Registrant Name Wheat Government Relations Client Name Heartland Spine & Specialty Hospital

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

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

16. Specific lobbying issues

Medicare and Specialty Hospital Issues

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

House of Representatives
Senate
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Alan Wheat	
Julie Shroyer	

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

Signature  Date _____

Printed Name and Title Alan Wheat, President

Registrant Name Wheat Government Relations Client Name Heartland Spine & Specialty Hosp

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 Country)

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

Adam Sachs

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 Business (city and state or country)

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

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

Signature



Date

Printed Name and Title Alan Wheat, President

