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LOBBYING REPORT

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

1. Registrant Name Reed Smith Shaw & McClay LLP			
2. Address ☐ Check if different than previously reported 1301 K Street, N.W., Suite 1100 - East Tower, Washington, D.C. 20005			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Phillips S. Peter	Telephone 202-414-9200	E-mail (optional)	5. Senate ID # 32932-381
7. Client Name ☐ Self Mercy Medical	6. House ID # 30302035		

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

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 Activity ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 ☐ \$10,000 or more ☒ ⇒ \$ <u>40,000</u> Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 ☐ \$10,000 or more ☐ ⇒ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. ☐ Method A. Reporting amounts using LDA definitions only ☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Phillips S. Peter

Printed Name and Title PHILLIPS S. PETER, COUNSEL, HEAD OF GOVERNMENT RELATIONS

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Registrant Name Reed Smith Shaw & McClay Client Name Mercy Medical

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 MMM (one per page)

16. Specific lobbying issues

Medicare reimbursement

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)	New
Phillips S. Peter		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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

☒ Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-1 (Rev. 6/98)

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