

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

02 AUG 12 PM 3:25

LOBBYING REPORT

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

1. Registrant Name Verner, Liipfert, Bernhard, McPherson & Hand			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 901 15th Street, N.W. Suite 700 City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name John H. Zentay	Telephone (202) 371-6000	E-mail (optional) jhzentay@verner.com	5. Senate ID # 39974-3895
7. Client Name <input type="checkbox"/> Self Coalition for Fair Medicare Payment			6. House ID # 30833314

TYPE OF REPORT 8. Year 2002 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 Lobby

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 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$100,000.00</u> <div style="text-align: right;">Income (nearest \$20,000)</div> 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).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA defini <input type="checkbox"/> Method B. Reporting amounts under section 603 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date 8/5/2002

Registrant Name: Verner, Liipfert, Bernhard, McPherson & HandClient Name: Coalition for Fair Medicare Payment

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

H.R.4954, Medicare Modernization and Prescription Drug Act of 2002, payments under Medicare physician fee ;
S.812, Greater Access to Affordable Pharmaceuticals Act of 2001, payments under Medicare physician fee ;

17. House(s) of Congress and Federal agencies contacted

☐ Check if None**Executive Office of the President****House of Representatives****Senate**

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

Name	Covered Official Position (if applicable)
Hart, Vicki E.	

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

☒ Check if NoneSignature _____ Date 8/5/2002

Registrant Name: **Verner, Liipfert, Bernhard, McPherson & Hand**Client Name: **Coalition for Fair Medicare Payment****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 UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Mueller, Russell J.**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 Bu (city and state or coi

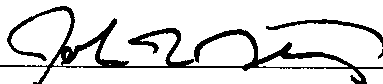
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

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 registra
or affiliated organization

Signature _____

Date **8/5/2002**

