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LOBBYING REPORT

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

1. Registrant Name <u>Valerie Wilbur - The Wilbur Group</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>501 Pennsylvania Avenue, NW, #245, Washington DC 2</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Valerie Wilbur</u>	Telephone <u>202-364-624-1508</u>	E-mail (optional)	5. Senate ID # <u>50216</u>
7. Client Name <input type="checkbox"/> Self <u>Health Plan of Nevada</u>			6. House ID # <u>34676</u>

TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-Dec)

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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 type="checkbox"/> ⇒ \$ <u>17,100</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>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>

Signature

[Handwritten Signature]

~~Signature~~ _____
Printed Name and Title Valerie Wilbur, Principal

LD-2 (REV. 6/98)

1

Registrant Name Valerie Wilbur Client Name Health Plan of Nevada

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

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

16. Specific lobbying issues

Worked with Social HMO sites to obtain legislation to make the Social HMO demonstration a permanent program under Medicare. Sought support for H.R. 2953 for Social HMO permanency and H.R. 4554, for Social HMO extension of authority. Worked with Senate staff on introduction of S. 2782 and in obtaining cosponsors for this bill. Worked with key Congressional committees to obtain support for fair payment for specialized programs for frail elderly.

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

Check if None

United States Senate
United States House of Representatives
Center for Medicare and Medicaid Policy
Department of Health & Human Services

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

Name	Covered Official Position (if applicable)
<u>Valerie Wilbur</u>	

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

Check if None

Signature [Handwritten Signature] Date 2/1/03

Printed Name and Title Valesie Wilbur, Principal

Form LD-2 (Rev. 6/98)

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