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Legislative Resource Center  
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Washington, DC 20510

SECRETARY OF THE SENATE

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## LOBBYING REPORT

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

|  |                             |                   |                            |
|--|-----------------------------|-------------------|----------------------------|
| 1. Registrant Name<br>Harold Ford and Company, L.L.C.  |                             |                   |                            |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>6060 Poplar Avenue, Suite 150 |                             |                   |                            |
| 3. Principal Place of Business (if different from line 2)<br>City: Memphis State/Zip (or Country) TN 38119       |                             |                   |                            |
| 4. Contact Name<br>Harold Ford   | Telephone<br>(901) 685-1200 | E-mail (optional) | 5. Senate ID #<br>15122-48 |
| 7. Client Name <input type="checkbox"/> Self<br>Medshares Consolidated, Inc.                                     |                             |                   | 6. House ID #<br>33816002  |

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   |  |
|---|--|
| <b>12. Lobbying Firms</b><br>INCOME relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000</u><br>Income (nearest \$20,000)<br>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). | <b>13. Organizations</b><br>EXPENSES relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br>Expenses (nearest \$10,000)<br><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only<br><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature Harold Ford

Printed Name and Title Harold Ford, President

LD-2 (REV. 6/98)

PAGE 1 of 2

Registrant Name Harold Ford & Co., L.L.C. Client Name Medshares Consolidated, Inc.

**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

Revisions to the Balanced Budget Act of 1997 affecting the Medicare home health benefit.

Provided assistance with completing an application for an exception to home health cost limits.

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

Health Care Financing Administration

The Senate

House of Representatives

Executive Branch

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

| Name        | Covered Official Position (if applicable) | New                      |
|-------------|---|--------------------------|
| Harold Ford |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |
|             |   | <input type="checkbox"/> |

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

Signature Harold Ford Date 8/30/99

Printed Name and Title Harold Ford, President