

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 SE

04 AUG 18 AM 10:

## LOBBYING REPORT

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

1. Registrant Name <b>The Paul Laxalt Group</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address City <b>Washington</b> State/Zip (or Country) <b>DC 20004</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name <b>Tom Loranger</b>	Telephone <b>202/624-0640</b>	E-mail (optional) <b>toloranger@aol.com</b>	5. Senate ID # <b>22325-226</b>
7. Client Name <input type="checkbox"/> Self <b>Apria Healthcare Group</b>			6. House ID # <b>32268021</b>

**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 Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$120,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ 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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of o
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) Internal Revenue Code

Signature

*Tom Loranger*

Filing #af435d83-f10a-4dd4-aaef-6469e3ae0ccb - Page 1 of 8

Date **8/1/2004**

Signature \_\_\_\_\_ Day \_\_\_\_\_

*Y*

Printed Name and Title **Tom Loranger - Vice President** \_\_\_\_\_ Pa

Registrant Name: **The Paul Laxalt Group**

Client Name: **Apria Healthcare Group**

Item	Description	Data
2a	Registrant Address 1	801 Pennsylvania Avenue, NW Suite 750



Registrant Name: The Paul Laxalt Group

Client Name: Apria Healthcare Group

**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 HCR (one per page)

16. Specific Lobbying issues

**Medicare reimbursement issues and issues relating to the regulation of the home medical equipment industry**

17. House(s) of Congress and Federal agencies contacted  
**Department of Health & Human Services**  
**House of Representatives**  
**Senate**

Check if None

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

Name	Covered Official Position (if applicable)
<b>Laxalt, Paul</b>	
<b>Loranger, Tom</b>	

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

Check if None

Signature

*Tom Loranger*

Date **8/1/2004**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Tom Loranger - Vice President** \_\_\_\_\_ Pa

Registrant Name: **The Paul Laxalt Group**

Client Name: **Apria Healthcare Group**

**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 issues and issues relating to the regulation of the home medical equipment industry**

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

Check if None

**Department of Health and Human Services  
House of Representatives  
Senate**

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

Name	Covered Official Position (if applicable)
<b>Laxalt, Paul</b>	
<b>Loranger, Tom</b>	

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

Check if None

Signature Tom Loranger

Date: **8/1/2004**

