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## LOBBYING REPORT

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

1. Registrant Name <b>Kogovsek &amp; Associates, Inc.</b>			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported Address <b>8547 East Arapahoe Road, # J-439</b> City <b>Greenwood Village</b> State/Zip (or Country) <b>CO 80112</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Crossroads Managed Care Systems, Inc.</b>			6. House ID #

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  **OR** Year End (July 1-D

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 Lobb

### 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 re; period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$
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 indicat accounting method. See instructions for description o
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defini
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code

Signature

*Christine Ann Arbogast*

Date **8/10/2002**



Registrant Name: Kogovsek & Associates, Inc.

Client Name: Crossroads Managed Care Systems, 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 ALC (one per page)

16. Specific Lobbying issues  
**unnumbered, FY '03 Labor/HHS appropriations, funding for SAMSHA grants to Native Americans under SAMSHA programs**

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

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

Name	Covered Official Position (if applicable)
<i>Ray Kogovsek</i>	<i>C</i>
<i>Christine Arbogast</i>	<i>C</i>

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

Signature *Christine Ann Arbogast* Date 8/10/2002

