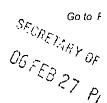
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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

| 1. Registrant name | | | | |
|---|--|---|--|---|
| Organization Blank Rome LLP | | | | |
| 2. Address Check if different than previously reported | | | ••••• | |
| Address1 600 New Hampshire Ave. | | | | |
| City Washington State | DC | Zip Code | 20037 | Country US |
| 3. Principal place of business (if different than line 2) | | | ***************** | |
| · · · · · · · · · · · · · · · · · · · | PA .te/Zip or Country | Zip Code | 19103 | Country US |
| 4a. Contact Name b. Telephone number Prefix Full Name | | c. E-mail | •••••• | 5. Senate ID# |
| Ms. Rebecca South (202)772-5803 s | outh@blankrom | e.com | | 89133- |
| 7. Client Name Self | | *************************************** | •••••••••••• | 6. House ID# |
| Community Options, Inc. | | | | 3157705 |
| O. Check if this filing amends a previously filed version of this report | | | OR Ye | · • |
| 9. Check if this filing amends a previously tiled version of this report 10. Check if this is a Termination Report \$\sim \text{\$\sim}\$ \$\rightarrow\$ Termination B | Date | | - | ar End (July 1-December |
| 9. Check if this filing amends a previously tiled version of this report 10. Check if this is a Termination Report Termination E INCOME OR EXPENSES - Complete Either Lin 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period | Datee 12 OR Liu | ne 13 | 13. Orga | |
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Printed Name and Title Rebecca South - Government Relations Administrator

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| Registrant Name Blank Rome LLP | Client Name Community Options, Inc. |
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| - Carlotte and the control of the co | necessary to reflect the general issue areas in which the reporting period. Using a separate page for each codes needed. |
| 15. General issue area code HCR - Health Issues | (one per page) |
| 16. Specific lobbying issues | Adri page to continue specific issues description for this issue |
| HR 3010 Labor/HHS/Ed Appropriations Bill | |
| 17. House(s) of Congress and Federal agencies contact | cted Check if None |
| House Senate 18 Name of each individual who cated as a labbuist is | n this issue area |
| 18. Name of each individual who acted as a lobbyist i | n this issue area Add a page to continue additing lobbyists for the Covered Official Position (if applicable) |
| First Name Last Name Suffix Matt Greller | |
| David Norcross | |
| | |
| | |
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| | |
| 19. Interest of each foreign entity in the specific issue | s listed on line 16 above Check if None |
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| Registrant Name Blant | k Rome LLP | Client Na | Client Name Community Options, Inc. | | | |
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| Information Up | date Page - Complete ON | LY where regis | tration infori | mation has change | d. | |
| 20. Client new addre | ess | | | | | |
| City | | State | Zip Code | Countr | гy | |
| 21, Client new princ | ipal place of business (if different t | | ••••• | | | |
| City | | State | Zip Code | Count | гу | |
| 22. New general des | cription of client's business or activ | vities | | ,,,,, | | |
| LOBBYIST UPI | DATE | | | | | |
| 23. Name of each p | previously reported individual w | | xpected to act a | s a lobbyist for the cl | ient s | |
| 1 | | 3 | | | | |
| 2 | | 4 | | | | |
| | | | | | | |
| ISSUE UPDATE | | | nd the code to | select below. | | |
| 24. General lobbyi | ng issues that no longer pertain | | | | | |
| | | | | | | |
| AFFILIATED O | ORGANIZATIONS | | | | | |
| | ing affiliated organization(s) | | | | | |
| Na Na | | Address | | Principal place of I | 3usine: | |
| | Netite | | *************************************** | (city and state or | | |
| | Address | | | City | | |
| | C/S/Z | | | | intry | |
| | Address C/S/Z | | | City State | | |
| | | | 0011 . 1 . 1 | | | |
| _ | previously reported organization | that is no longer | _ | the registrant or clien | t | |
| 1 | 2 | | 3 | | | |
| FOREIGN ENT 27. Add the follow | | | | , (1) | <u></u> | |
| Name | Address Street Address City State/Province | (city and s | lace of business tate or country) | Amount of contribution for lobbying activities | Ow per clie | |
| | | City | | | | |
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| | | State | Country | | j | |
| · · · · · · · · · · · · · · · · · · · | eviously reported foreign entity that | at no longer owns, <u>s</u> | <u>or</u> controls, <u>or</u> is | affiliated with the regis | strant, | |
| affiliated organiz | | | 5 | 7 | | |
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