

**MICHAEL BEST
& FRIEDRICH** LLP
Attorneys at Law

www.mbf-law.com

SECRETARY OF THE SENATE

04 APR -6 PM 2: 32

One South Pinckney Street
P.O. Box 1806
Madison, WI 53701-1806
FAX (608) 283-2275
Telephone (608) 257-3501

Author: Raymond P. Taffora
Writer's Direct Line: (608) 283-2244
Email: rptafora@mbf-law.com

Offices in: *01*
Milwaukee, Wis
Manitowoc, Wis
Lehigh Valley, Pa
Chicago, Illinois
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SE,

February 11, 2004

Via Certified Mail,
Return Receipt Requested

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

Re: Lobbying Report (Form LD-2)

To Whom This May Concern:

Enclosed please find a Form LD-2 Lobbying Report by Michael Best & Friedrich as concerns our client, the National Association of Community Health Centers, pursuant to the Lobbying Disclosure Act of 1995.

Please direct all questions regarding this matter to the undersigned.

Sincerely,

MICHAEL BEST & FRIEDRICH LLP



Raymond P. Taffora

RPT:lmf
Enclosure

Q:\client\069543\0001\B0324021.1

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used for data collection and analysis. It highlights the importance of using reliable sources and ensuring the accuracy of the data.

3. The third part of the document discusses the challenges and risks associated with data management and security. It provides recommendations for mitigating these risks and ensuring the integrity of the data.

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
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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 Michael Best & Friedrich LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1 South Pinckney Street, Suite 700			
3. Principal Place of Business (if different from line 2)			
City: Madison		State/zip (or Country) WI 53703	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Raymond P. Taffora, Esq.	608-257-3501	rptaffora@mbf-law.com	26706-12
7. Client Name <input type="checkbox"/> Self			6. House ID #
National Association of Community Health Centers, Inc.			35570001

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)

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
INCOME relating to lobbying activities for this reporting period was:	EXPENSES 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>40,000.00</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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature Raymond P. Taffora Date 2-10-04

Printed Name and Title Raymond P. Taffora, Esq., Partner

LD-2 (REV. 4/03)

PAGE 1 of _

Registrant Name Michael Best & Friedrich LLP Client Name National Association of Community Centers, Inc.

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 HCR (one per page)

16. Specific lobbying issues

Community Health Center Access and Technology Initiatives; J-1 Visa Waiver Program and Exchange Visitor Program; National Health Center Week; HRSA Organizational Issues; FY2005 DHHS Budget; Reimbursement to FQHC's for Medicare Bad Debts; Medicare Safety Net Access Act.

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

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)
Raymond P. Taffora, Esq.	

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

Signature Raymond P. Taffora Date 2-10-04

Printed Name and Title Raymond P. Taffora, Esq., Partner

Form LD-2 (Rec. 4/03)

Page 2 of 0

Registrant Name Michael Best & Friedrich LLP Client Name National Association of Community Health Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

7200 Wisconsin Avenue, Suite 210

21. Client new principal place of business (if different from line 20)

City Bethesda

State/Zip (or Country) MD 20814

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Other

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature *Raymond P. Lyons* Date _____

Printed Name and Title Raymond P. Taffora, Esq., Partner

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