

Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPORT

SECRETARY OF THE

03 FEB 14 PM

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

1. Registrant Name Covington & Burling	,,
2. Address Check if different than previously reported. 1201 Pennsylvania Avenue, N.W.	
3. Principal Place of Business (if different from line 2)	
City: Washington	State/Zip (or Country) DC/200
4. Contact Name Telephone En	pail (optional) carment@cov.com 5. Senate ID # 11195-1332
7. Client Name Self Partners HealthCareSystem, Ic.	6. House ID # 31827096
TYPE OF REPORT 8. Year 2002 Midyear (January	1-June 30) OR Year End (July1-December
9. Check if this filing amends a previously filed version of	of this report
10. Check if this is a Termination Report ☐ □ Termination	nation Date 11. No Lobbying Ac
INCOME OR EXPENSES - Complete Either Lin	ne 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 reporting period were:
Less than \$10,000	Less than \$10,000
\$10,000 or more	\$10,000 or more \Rightarrow \$_Expenses (nearest \$2
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income for the client (including all payments to the registrant by any other	14. REPORTING METHOD. Check box expense accounting method. See instruction of options.
entity for lobbying activities on behalf of the client.)	Method A. Reporting amounts using LI definitions only
	Method B. Reporting amounts under se 6033(b)(8) of the Internal R Code
	Method C. Reporting amounts under 16 Internal Revenue Code

Signature		_ Date _	February 13, 2002
Printed Name and Title	Roderick A. DeArment		

DC: 759108-1

≥2	Registrant Name	Covington & Burling	Client Name	Partners Healt	hcareSystem, 1
	registrant engaged i code, provide inform	CTIVITY. Select as many control of the client mation as requested. Attach address code HCR (one possess)	odes as necessary to it during the reporting itional page(s) as nee	g period. Using a	l issue areas in sa separate page
	16. Specific lobby	ing issues			
	Proposed regulation	ons establishing a prospective p	payment system for	Long Term Card	e Hospitals
	17. House(s) of Co	ngress and Federal agencies con	tacted	Check if No	ne
	Office of Managen Department of He	nent and Budget alth and Human Services			
	18. Name of each	individual who acted as a lobby	ist in this issue area		
		Name	Covered Offi	icial Position (if a	pplicable)
	Roderick A. DeAr Joan L. Kutcher	ment			
	19. Interest of eac	h foreign entity in the specific is	sues listed on line 16	ó above	☐ Check if N

Signature		Date	February 13, 2003
Printed Name and Title	Roderick A. DeArment		

20. Client new addre	uate 1 age - complete or	LV where registration	n information has changed.
Client new addre			
	ess		
21. Client new princ	ipal place of business (if diffe	erent from line 20)	
-		Chata/7im	o (or Country)
City 22. New general des	cription of client's business o	r activities	
LOBBYIST UP	DATE	1	ted to got as a labbyint for the
23. Name of each pro	eviously reported individual v	vho is no longer expec	ted to act as a loodyist for the
ISSUE UPDAT	r		
	ட g issues previously reported th	nat no longer pertain	
AFFILIATED (ORGANIZATIONS		
	ng affiliated organization(s)		
		Address	Principal Place of I
Name			
Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(city and state or c
Name			(city and state or o
<u></u>		n that is no longer affi	
<u></u>	eviously reported organizatio	n that is no longer affi.	
26. Name of each pr	eviously reported organizatio	n that is no longer affi	
26. Name of each pr	eviously reported organizatio	n that is no longer affi	
26. Name of each pr	eviously reported organizatio	n that is no longer affi. Principal place of business (city and state or country)	

28. Name of each previously reported foreign entity that **no longer** owns, <u>or</u> controls, <u>or</u> is affiliated w registrant, client or affiliated organization

Filing #b75ec82d-4477-4603-bce7-5d64260313e4 - Page 5 of 6

Signature Date February 13, 2003
Printed Name and Title Roderick A. DeArment