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02 MAR -8 AM 8:14

## LOBBYING REPORT

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

1. Registrant Name <u>REJ+ ASSOCIATES</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>569 Moline Rd</u>			
3. Principal Place of Business (if different from line 2) City: <u>Memphis</u> State/Zip (or Country) <u>TN 38109</u>			
4. Contact Name <u>Rufus Jones</u>		Telephone <u>901-785-7812</u>	E-mail (optional) <u>GRID4JONES@AOL.COM</u>
5. Senate ID # <u>357111</u>			6. House ID # <u>357116</u>
7. Client Name <input type="checkbox"/> Self <u>DELTA MEDICAL CENTER</u>			

**TYPE OF REPORT** 8. Year \_\_\_\_\_ 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 A

### 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 checked="" type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</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:
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name REJ+ASSOCIATES Client Name DELTA MEDICAL CENTER

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the reg 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 MMM (one per page)

16. Specific lobbying issues

- ADJUSTMENT TO ANNUAL MEDICAID COST REPORT  
- ALTERNATIVE PAYMENT OPTIONS

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

Check if None

HOUSE OF REPRESENTATIVE  
U.S. SENATE

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

Name	Covered Official Position (if applicable)
RUFUS JONES	

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

Check if None

Signature Rufus Jones Date 2-902  
Printed Name and Title RUFUS JONES PRES.

