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## LOBBYING REPORT

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

1. Registrant Name Greenberg Traurig, LLP			
2. Registrant Address	rent than previously reported  1e, NW  State/Zip (or Country)	Suite 500 DC 20006	
3. Principal Place of Business (if different fr	om line 2)		
City	State/Zip (or Country)		
4. Contact Name Nancy E. Taylor	·	ail (optional) lorn@gtlaw.com	5. Senate ID # 16896-63
7. Client Name  Self  American Speech Language &	Hearing Association		6. House ID #
O. Check if this filing amends a prevolution O. Check if this is a Termination Re	viously filed version of the port □ >> Termination	on Date	, ,
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O. Check if this filing amends a prevalue.  O. Check if this is a Termination Reserved.  INCOME OR EXPENSION.  12. Lobbying For Income is a series of the se	viously filed version of the port   >> Termination   >> Termination     ES - Complete Either     Firms     viities for this reporting     20,000.00     come (nearest \$20,000)   led to the nearest     me from the client     rant by any other entity	tis report  on Date  or Line 12 OR Line 13  13. Organiz  EXPENSES relating to lobbying ac period were:  Less than \$10,000  \$10,000 or more >> \$  14. REPORTING METHOD. Che accounting method. See instructions	2ations tivities for this rep  Expenses (nearest \$20 eck box to indicate for description of using LDA definit under section 603.

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	Jarant Name:	Greenberg Traurig, LLP	
Clie	nt Name:	American Speech Language & Hearing	Association
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15.	General issue area code <u>BUD</u> (one per page)		
16.	Specific Lobb Health Care NIH, CDC A	ying issues	
17.		ongress and Federal agencies contacted of Health & Human Services oresentatives	☐ Check if None
18.	Name of each	individual who acted as a lobbyist in this i	ssue area
	Name		Covered Official Position (if applicable)
	Kolton, Elean	10r	
	Rocco, Holly		
	Taylor, Nanc	y E.	
19.	Interest of eac	h foreign entity in the specific issues listed	I on line 16 above 🛮 Check if None

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	arant Name:	Greenberg Traurig, LLP
Clie	nt Name:	American Speech Language & Hearing Association
enga	ged in lobbyin	<b>IVITY.</b> Select as many codes as necessary to reflect the general issue areas in which the registrant g on behalf of the client during the reporting period. <b>Using a separate page for each code</b> , provide ested. Attach additional page(s) as needed.
15. 16.	Medicare issi	ying issues
17.		ongress and Federal agencies contacted   Check if None of Health & Human Services oresentatives
18.	Name of each	individual who acted as a lobbyist in this issue area
	Name	Covered Official Position (if applicable)
	Kolton, Elea	nor
	Rocco, Holly	
	Taylor, Nanc	y E.
19.	Interest of eac	th foreign entity in the specific issues listed on line 16 above   Check if None

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