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LOBBYING REPORT

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

1. Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 1333 New Hampshire Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Bill Paxon	202-887-4000		682-1
7. Client Name <input type="checkbox"/> Self New York State Health Facilities Association			6. House ID 31784

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec 31)

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 Lobby

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>60,000</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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6013(e)(2)(B) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code

Signature _____

Date August 13, 2004

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name New York State Health Facilities Assn

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

Medicare regulatory issues

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

Check if None

- U.S. House of Representatives
- U.S. Senate
- Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Anthony Foti	
Karen Goldmeier Green	
Bill Paxon	
Paul G. Scolese	
Barney J. Skladany	

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

Check if None

Signature _____ Date August 13, 2004

Printed Name and Title Bill Paxon, Senior Advisor

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name New York State Health Facilities Ass

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each co-** information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Health care worker shortage

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

Check if None

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)
Karen Goldmeier Green	
Bill Paxon	
Paul G. Scolese	
Barney J. Skladany	

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

Check if None

Signature 

Date August 13, 2004

Printed Name and Title Bill Paxon, Senior Advisor

