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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 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				
Reed Smith LLP				
	erent than previously reported			
1301 K Street, N.W., S	uite 1100 East Tower			
3. Principal Place of Business (if dif	ferent from line 2)			
Washington City:		DC 20005 rate/zip (or Country)		
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #	
Phillips S. Peter	(202) 414-9258		32932-416	
7. Client Name			6. House ID # 30302039	
INCOME OR EXP	ENSES Complete	Either Line 12 <b>OR</b> Line 13	11. No Lobbying	
12. Lobi	bying Firms	13. Or	13. Organizations	
INCOME relating to lobbying period was:	ng activities for this reportin	EXPENSES relating to lobbying period were:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:	
Less than \$10,000 🗖		Less than \$10,000 🗖	Less than \$10,000 🗆	
\$10,000 or more ☑ ➪	\$ \$20,000.00 Income (nearest \$20,000)	\$10,000 or more		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all		14. REPORTING METHOD. accounting method. See instruct	Expenses (nearest \$20,000)	
payments to the registrant bactivities on behalf of the cli	any other entity for lobbying	. 1	Check box to indicate exp	
activities on octain of the on	ent).	- Aleulou A. Reporting aint	Check box to indicate expions for description of optounts using LDA definition	
notivities on octain of the ch	ent).	Method B. Reporting amount Internal Reven	Check box to indicate expions for description of option of units using LDA definition ounts under section 6033(b)	

Signature —	Thellys 5. Teler	Date <b>8/5/03</b>
Printed Name and Title	Phillip S. Peter, Counsel, Head	of Government Relations
LD-2 (REV. 4/03)		PAGE 1 of .

Registrant Name Reed Smith LLP	Client Name	Sunrise Medical, Inc.
LOBBYING ACTIVITY. Select as many codes engaged in lobbying on behalf of the client during t information as requested. Attach additional page(s) as	as necessary to ref he reporting perio	lect the general issue areas in which the
15. General issue area code (one per	page)	
16. Specific lobbying issues		
Medicare reimbursement for disposable medical equipn	nent.	
17. House(s) of Congress and Federal agencies contact	cted 🔲 (	Check if None
United States Senate U.S. House of Representatives The White House Department of Health and Human Services		
18. Name of each individual who acted as a lobbyist	in this issue area	
Name	1	Covered Official Position (if applicable)
Phillips S. Peter	1800-0001	
	1001.00011	
	,	
	y <u></u>	
19. Interest of each foreign entity in the specific issues l	isted on line 16 abo	ve Check if None
Signature Phellips 5. Peter		Date8/5/03
Filing #beb2a6b2-21a7-4609-b522	9da74b22a3cb - Pa	ge 3 of 4

Form LD-2 (Rec. 4/03)