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LOBBYING REPORT

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

| Alston & Bird LLP | |
|---|---|
| 2. Address Check if different than previously reported | |
| 601 Penлsylvania Ave., NW, 10th Floor, Washington | , DC 20004-2601 |
| 3. Principal Place of Business (if different from line 2) | |
| City: Atlanta State | e/Zip (or Country) GA/30309-3424 |
| 4. Contact Name Telephone | E-mail (optional) 5. Senate ID # |
| Jonathan M. Winer (202) 756-334 | 2 jwiner@alston.com 118 |
| 7. Client Name Self | 6. House ID# |
| American Association for Homecare | 317 |
| · | |
| 10. Check if this is a Termination Report □ Termination | |
| 10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either | er Line 12 OR Line 13 |
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| INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ \$ \$140,000.00 Income (nearest \$20,000) | 11. No Lobbying activities for this reperiod were: Less than \$10,000 |
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| Signature / 1 yr . 1 ya | | |
|-------------------------|----------------------------|---|
| Printed Name and Title | Jonathan M. Winer, Partner | |
| LD-2 (REV. 6/98) | | P |

| Registrant Name | Alston & Bird LLP | Client Name | American Association for Homecare |
|--|---|---------------------------|---|
| engaged in lobbying | | ing the reporting perio | lect the general issue areas in which the rood. Using a separate page for each code |
| 15. General issue a | rea code HCR (or | e per page) | |
| 16. Specific lobbying lessues related to | | ent for home health servi | ices as well as durable medical equipment. |
| 17. House(s) of Co | ngress and Federal agencie | s contacted | ☐ Check if None |
| House of Representate Department of | esentatives Health and Human Service | s | |
| 18. Name of each i | ndividual who acted as a lo | obbyist in this issue ar | ea |
| | Name | | Covered Official Position (if applicable) |
| Colin Roskey | *************************************** | Senat | e Finance Comm-Health Policy Adv & Cnsl |
| M. Lynn Sykes | | | |
| Thomas A. Scully | | Cente | rs for Medicare & Medicaid Svcs-Admin |
| Jennifer L. Butler | | | |
| Erin Darling | | | |
| Timothy P. Trysla | | смѕ | - Senior Policy Advisor |
| David Hebert, Marc | Scheineson | | |
| Jennifer W. Bell | | Senat | e Finance Comm-Health Policy Adv. |
| | Foreign entity in the specific is | ı | |
| Signature | Filing #c07eee11-f777-45f5 | -9d65-b9b74c2fa5af - Pa | Date 7/19/05 |

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| Registrant Name | Alston & Bird LLP | Client Name American Association for Homecare |
|--|------------------------------------|--|
| | behalf of the client du | des as necessary to reflect the general issue areas in which the raing the reporting period. Using a separate page for each code age(s) as needed. |
| 15. General issue area | code MMM (or | ne per page) |
| 16. Specific lobbying strength lands and second sec | | ent for home health services as well as durable medical equipment. |
| 17. House(s) of Congr | ess and Federal agenci | es contacted |
| House of Represe Senate Department of He | ntatives alth and Human Service | es |
| 18. Name of each indi | vidual who acted as a l | obbyist in this issue area |
| | Name | Covered Official Position (if applicable) |
| Colin Roskey | | Senate Finance Comm-Health Policy Adv & Cnsl |
| M. Lynn Sykes | | |
| Thomas A. Scully | | Centers for Medicare & Medicaid Svcs-Admin |
| Ionnifor I Dutlor | | |
| • | | |
| Timothy P. Trysla | | CMS - Senior Policy Advisor |
| David Hebert, March S | cheineson | |
| Jennifer W. Bell | | Senate Finance Comm-Health Policy Adv. |
| 19. Interest of each fore | ign entity in the specific i | ssues listed on line 16 above |
| Signature The | | Date 5-9d65-b9b74c2fa5af - Page 5 of 10 |

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| Registrant Name | Alston & Bird LLP | Client Name | American Association for Homecare |
|---|---|---------------------------|---|
| engaged in lobbying | | ing the reporting per | eflect the general issue areas in which the re riod. Using a separate page for each code |
| 15. General issue ar | ea code MED (on | e per page) | |
| 16. Specific lobbying Issues related to | | ent for home health ser | vices as well as durable medical equipment. |
| 17. House(s) of Con | ngress and Federal agencie | es contacted | ☐ Check if None |
| House of Represented Department of | esentatives Health and Human Service | s | |
| 18. Name of each is | ndividual who acted as a lo | obbyist in this issue a | area |
| | Name | | Covered Official Position (if applicable) |
| Colin Roskey | | Sen | ate Finance Comm-Health Policy Adv & Cnsl |
| M. Lynn Sykes | | | |
| Thomas A. Scully | | | ters for Medicare & Medicaid Svcs-Admin |
| Jennifer L. Butler | | | ······································ |
| Erin Darling | | | |
| Timothy P. Trysla | | | S - Senior Policy Advisor |
| David Hebert, Marc | | | |
| Jennifer W. Bell | *************************************** | Sen | ate Finance Comm-Health Policy Adv. |
| 19. Interest of each f | oreign entity in the specific is | ssues listed on line 16 a | above |
| Signature 2 | ms_ | | Date 7/19/65 |

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| egistrant Name | Alston & Bird LLP | Clien | t Name_American Association | n for Homecare |
|---|--|------------------------|--|--|
| nformation Upd | ate Page - Complete | ONLY where | registration information has | s changed. |
| 20. Client new address | | | | |
| 21. Client new principal p | lace of business (if different fro | m line 20) | | |
| City | | State/Z | ip (or Country) | |
| 22. New general descript | ion of client's business or activi | ities | | |
| LOBBYIST UPDA 23. Name of each pro Alicia Ziemiecki | | ual who is no l | onger expected to act as a lob | byist for the client |
| AFFILIATED OR | g issues previously reported to the second s | | ger pertain | |
| Na | me | AA444.A444.A444. | Address | Principal Place of Bus (city and state or cou |
| 26. Name of each p | reviously reported organiz | zation that is n | o longer affiliated with the re | gistrant or client |
| FOREIGN ENTITY 27. Add the following | | | | |
| Name | | | Principal place of business (city and state or country) | |
| | | | | |
| | | | | |
| 18 Name of each n | reviously reported foreign | entity that no | longer owns, or controls, or | is affiliated with the registra |

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affiliated organization

7/19/05

| Signature | 11000 | - , | | _ Date_ | 1 | 1 | 77 | |
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| | me and Title | | | | | | / | |
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