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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 06/

## 2. House Identification

Senate Identification

**REGISTRANT**  Organization  Individual

3. Registrant Prefix Ms. First Claudia Last Schlosberg

Address P.O. Box 11431 Address2

City Washington State DC Zip 20008 - Cou

4. Principal place of business (if different than line 3)

City Washington State DC Zip 20010 - Cou

5. Contact name and telephone number  International Number

Contact Ms. Claudia Schlosberg Telephone (202) 328-1270 E-mail schlosberg@boo.net

6. General description of registrant's business or activities

Government relations consulting

**CLIENT** *A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name Advanced Clinical Consultants, LLC

Address 848 New Carrollton Avenue

City New Orleans State LA Zip 70119 - Cou

8. Principal place of business (if different than line 7)

City State Zip - Cou

9. General description of client's business or activities

Advanced Practice Nursing to Homebound Seniors

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Claudia	Schlosberg		

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### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

HCR      MMM      PHA      HOU

12. Specific lobbying issues (current and anticipated)

- Medicare Part D
- Medicare Reimbursement
- Health Information Technology
- Access to Healthcare

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

- No --> Go to line 14.       Yes --> Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Address			Principal Place of Business
	Street City	State/Province	Zip Code Country	
_____	_____	_____	_____	City _____ State _____ Country _____
_____	_____	_____	_____	City _____ State _____ Country _____
_____	_____	_____	_____	City _____ State _____ Country _____

### FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes act the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

- No --> Sign and date the registration.       Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

Name	Street City	Address		Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		State/Province	Country		
_____	_____	_____	_____	City _____ State _____ Country _____	_____
_____	_____	_____	_____	City _____ State _____ Country _____	_____

Signature *Claudia Schlosberg* Date 2/1

Printed Name and Title Claudia Schlosberg, Principal

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