Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center Office of Public Records B-106 Cannon Building 232 Hart Building Washington, DC 20515 Washington, DC 20510

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Mr.	Susan	Emmer		
2.Address	ock if different than previously reported		*******************************	
7713 Oldches	ter Road			
Bethesda		MD	20817	US
3. Principal place of business (if	different than line 2)	***************************************		
	,			
City 4a, Contact Name		e'Zip or Country		
4a. Comact Name	b. Telephone number	e. E-mail		5. Senate ID#
Ms. Susan Emmer		nmerconsulting@verizon.net	:	5175336
7. Client Name Self			***************************************	6. House ID #
National Hospice and Pa	alliative Care Organization			3481400
10. Check if this is a Termination INCOME OR EXPENS	Report		. <u>-</u>	11. No Lobbying Acti
	Po Complete Ethici Ethi	14 ON LIIIC ID		
12. Lob	bying Firms		13. Organi	zations
12. Lob INCOME relating to lobbying acwas:	bying Firms		_	
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Registrant Name Susan Emmer		Client Name National Hospice and Palliative Care		
engaged in lobb	ACTIVITY. Select as many codes as bying on behalf of the client during the requested. Attach additional page(s) a	necessary to reflect the general issue area reporting period. Using a separate page is needed.	s in which the for each co	
15. General issu	HCR - Health Issues	(one per page)		
16. Specific lobb	bying issues			
	dicare Value Based Purchasing Act ficit Reduction Act			
	Congress and Federal agencies contact	ted Check if None		
House of Repr	resentatives and the Senate			
18. Name of eac	ch individual who acted as a lobbyist i	o this issue area		
18. Name of eac	ch individual who acted as a lobbyist i Name	1	icable)	
18. Name of eac	·	n this issue area Covered Official Position (if appli	icable)	
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