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# LOBBYING REGISTRATION

AUG -2 AM 4:24

## Lobbying Disclosure Act of 1995 (Section 4)

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

1. Effective Date of Registration 07

2. House Identification 39289

Senate Identification 31741

**REGISTRANT**  Organization  Individual

3. Registrant Organization Rubin Meyer, LLC

Address 10 G Street, NE Address2 Suite 601  
City Washington State DC Zip 20002 - Co

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Co \_\_\_\_\_

5. Contact name and telephone number

International Number

Contact Mr. Michael Rubin Telephone (202) 898-0995 E-mail michael.rubin@rubinmeyer.co

6. General description of registrant's business or activities

Public relations and lobbying consultant

## 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 Health Management Systems

Address 401 Park Avenue South  
City New York State NY Zip 10016 - Co

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Co \_\_\_\_\_

9. General description of client's business or activities

Provides administrative services to government health care and child support agencies.

## 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 the date of registration as 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	
Michael	Rubin		
Donald	Meyer		

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v5.0.0m

### LOBBYING ISSUES

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

HCR      VET

12. Specific lobbying issues (current and anticipated)

Child support enforcement issues, Veterans and military health benefits

### 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 Bu
	Street	State/Province	Zip Code	Country
	City			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 a 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 lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

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

Signature

Digitally Signed By: Michael E Rubin

Date 07/2

US, DST Aces Unaffiliated Individual, Michael E Rubin

Printed Name and Title Michael Rubin

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