

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
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**LOBBYING REPORT****Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page**

1. Registrant name			
Organization	American Association for Homecare		
2. Address <input type="checkbox"/> Check if different than previously reported			
625 Slaters Lane		Suite 200	
City	Alexandria	State	VA
		Zip Code	22314
			Country US
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
			Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Kay Cox	703-535-1888	kayc@aahomecare.org
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID #	
American Association for Homecare		55792-1	
		6. House ID #	
		3516700	

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-December)
9. Check if this filing amends a previously filed version of this report ☐10. Check if this is a Termination Report ☐ ⇒ Termination Date                     

11. No Lobbying Act

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<b>12. Lobbying Firms</b>  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇒ \$ <u>                    </u>  Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>13. Organizations</b>  EXPENSES relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>140,000</u>  <b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(1) Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code
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**Form C**Printed Name and Title Kay Cox, President and CEO



**Client Name** American Association for Homecare

15. General issue area code

(one per page)

*Add page to continue specific issues description for this issue*

US House of Representatives/US Senate  
Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
GAO - OIG (ASP Pricing) : MedPAC

☐ Check if None

Add a page to continue adding lobbyists for

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

**Add a page for a dif:**

Filing #c8e99de5-7023-4e43-8a51-3252efc586c0 - Page 3 of 6



Registrant Name American Association for Homecare Client Name American Association for Homecare

**Information Update Page - Complete ONLY where registration information has changed.**

**20. Client new address**

Address

City

State

Zip Code

Country

**21. Client new principal place of business (if different than line 20)**

City

State

Zip Code

Country

**22. New general description of client's business or activities**

**LOBBYIST UPDATE**

**23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client**

	First Name	Last Name	Suffix		First Name	Last Name	Suffix
1				3			
2				4			

**ISSUE UPDATE**

**24. General lobbying issues that no longer pertain**

Find the code to select below

**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
Address	City	
C/S/Z	State	Country
Address	City	
C/S/Z	State	

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1	2	3
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**FOREIGN ENTITIES**

**27. Add the following foreign entities**

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

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization**

1	3	5
2	4	6

Add a page for more

Printed Name and Title Kay Cox, President and CEO

*Kay Cox*

