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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

SECRETARY OF TH

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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 Check if different than previously reported | | | | |
| 625 Slaters Lane | Suite 200 | | | |
| City Alexandria State V | Zip Code 22314 Country US | | | |
| 3. Principal place of business (if different than line 2) | | | | |
| City State City State/Zi | Zip Code Country | | | |
| 4a. Contact Name b. Telephone number Prefix Full Name | c. E-mail 5. Senate ID# | | | |
| And the state of t | @aahomecare.org 55792-1 | | | |
| 7. Client Name Self | 6. House ID# | | | |
| American Association for Homecare | 3516700 | | | |
| INCOME OR EXPENSES - Complete Either Line 12 | 2 OR Line 13 | | | |
| 12. Lobbying Firms | 13. Organizations | | | |
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reportir were: | | | |
| Less than \$10,000 🕟 | Less than \$10,000 | | | |
| \$10,000 or more | \$10,000 or more | | | |
| Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all | 14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt | | | |
| payments to the registrant by any other entity for lobbying activities on behalf of the client). | Method A. Reporting amounts using LDA definitions (Method B. Reporting amounts under section 6033(b)(! Internal Revenue Code | | | |
| | Method C. Reporting amounts under section 162(e) of Revenue Code | | | |

Form C

Printed Name and Title Kay Cox, President and CEO

May Ca

| Registrant Name American A | ssociation for l | Homecare — | _ Client Name | American Associ | ation for Homecare |
|--|---|--|--|--|--|
| LOBBYING ACTIVITY. engaged in lobbying on behinformation as requested. A | alf of the clien Attach addition | t during the re | porting period. I | | |
| 15. General issue area code | MMM - Medic | care/Medicaid | | (one per page | e) |
| 16. Specific lobbying issues | } | | Add page to continu | ie specific issues descr | ription for this issue |
| Competitive bidding for D | | | | | |
| 17. House(s) of Congress a | hii nina kananahan da kir | The second secon | ed Check if | f None | |
| US House of Represents Department of Health an Centers for Medicare a GAO, OIG (ASP Pricing | id Human Serv and Medicaid S | /ices | | | |
| 18. Name of each individua | al who acted a | s a lobbyist in | this issue area | Add a page to continu | ue additing lobbyists for |
| Nar First Name La | ne st Name | Suffix | Covere | ed Official Position (i | if applicable) |
| Kay Cox | | | | | |
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| 19. Interest of each foreign | | | • | | |
| 17. Merest of Cach Tolego | | specific issue. | | 3 doove \(\(\sum_{\text{circle}} \) | XII NOIE |
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Add a page for a dif-

Page

| Registrant Name American | Association for | Homecare | Client Name_ | American A | ssociation for Home | care | |
|--|---|-------------------------|---|--|--|----------|--|
| Information Update | e Page - Com | plete ONLY v | where registrat | ion inform | ation has changed | ı. | |
| 20. Client new address | | - | | | | | |
| Address | | | | | | | |
| City | | | State | Zip Code | Country | у | |
| 21. Client new principal p | lace of business (| if different than li | ine 20) | u arr | anya anggasa nangta yan sabangtanya galamba. | 175. | |
| City | want due of the character to be | | State | Zip Code | Countr | у [| |
| 22. New general description | on of client's busi | ness or activities | mproduction-death-in control major in the control majority pages. | · Marie De Caracter de Maria de La Calendaria. | | | |
| | | | | | | | |
| LOBBYIST UPDATI | E | | | | | | |
| 23. Name of each previo | ously reported in | | no longer expec | | a lobbyist for the cli | ient | |
| First Name | Last Name | Suffix | Serial Action of the Control of the | me | Last Name | ه د د | |
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| ISSUE UPDATE | | | Find t | ne code to s | elect below | nije, | |
| 24. General lobbying is: | sues that <mark>no lon</mark> s | ger pertain | in Burth 100 U | | | 247 37 | |
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| 25. Add the following a | | | A.J.t | | Principal place of I | | |
| Name | | | Address | | Principal place of Busine (city and state or count | | |
| | Addr C/S/. Addı C/S/. | Z ress | | | City State Cou City State | intry [| |
| 26. Name of each previ | ously reported o | organization tha | t is no longer affi | liated with t | he registrant or clien | ıt. | |
| 1 | ARTENIES. | 2 | | 3 | | | |
| FOREIGN ENTITION 27. Add the following f | | | | | | | |
| Name | | ddress | Principal place | of husiness | Amount of contribution | 0 | |
| 14cmic | Street Address | | (city and state of | | for lobbying activities | pe | |
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| | | | State Co | ountry [] * | | | |
| 28. Name of each previou | usly reported fore | ign entity that no | longer owns, or c | ontrols, <u>or</u> is | affiliated with the regi | stran | |
| | | | | | | | |
| affiliated organization 1 2 | • | 3 | | 5 | | | |

Filing #c8e99de5-7023-4e43-8a51-3252efc586c0 - Page 5 of 6

Printed Name and Title Kay Cox, President and CEO

LD-2DS (REV. 4/03)

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