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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

|   |                           |                   |                            |
|---|---------------------------|-------------------|----------------------------|
| 1. Registrant Name Arent Fox PLLC   |                           |                   |                            |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>1050 Connecticut Ave., N.W.<br>Washington, D.C. 20036-5339 |                           |                   |                            |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____   |                           |                   |                            |
| 4. Contact Name<br>Michael J. Kurman  | Telephone<br>202/857-6345 | E-mail (optional) | 5. Senate ID #<br>4208-684 |
| 7. Client Name <input type="checkbox"/> Self<br>American College of Nurse Practitioners   |                           |                   | 6. House ID #<br>30861045  |

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-De

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 Lobbyin

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

|  |  |
|--|--|
| <p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u><br/>Income (nearest \$20,000)</p> <p>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).</p> | <p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6114 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |
|--|--|

Signature \_\_\_\_\_

Printed Name and Title Michael J. Kurman, Member

LD-2 (REV. 6/98)

Arent Fox PLLC

American College of Nurse Practitioners

Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

- Medicare reimbursement and access issues
- Reducing barriers to nurse practitioner services
- Nursing shortage
- Nursing funding
- Access-to-care issues
- Elderly health issues

17. House(s) of Congress and Federal agencies contacted  Check if None

- House of Representatives
- Senate
- Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

| Name           | Covered Official Position (if applicable) |
|----------------|---|
| Allison Shuren |   |
| Stacy Harbison |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Michael J. Kurman, Member

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Form LD-2 (Rev. 6/98)

Pag

Arent Fox PLLC

American College of Nurse Practitioners

Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Increased autonomy in Medicare SNF's and authority to certify for home health services

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate  
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

| Name           | Covered Official Position (if applicable) |
|----------------|---|
| Allison Shuren |   |
| Stacy Harbison |   |
|                |   |
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|                |   |

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

Signature Michael J. Kurman Date 2/14/05

Printed Name and Title Michael J. Kurman, Member

Form LD-2 (Rev. 6/98)

Pag