

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 THE S
03 FEB 14 PM 12

LOBBYING REPORT

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

1. Registrant Name Michael Best & Friedrich LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1 South Pinckney Street, Suite 700			
3. Principal Place of Business (if different from line 2) City: Madison State/Zip (or Country) WI 53703			
4. Contact Name Raymond P. Taffora, Esq.	Telephone (608) 257-3501	E-mail (optional) RPTaffora@mbf-law.com	5. Senate ID # 267
7. Client Name <input type="checkbox"/> Self National Association of Community Health Centers, Inc.			6. House ID # 355

TYPE OF REPORT 8. Year 2002 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 Lobbyir

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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>60,000.00</u> 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">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20</p> <p>14. REPORTING METHOD. Check box to indica accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 14 Internal Revenue Code</p>
---	--

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

Registrant Name Michael Best & Friedrich LLP Client Name National Association of Community Health Center

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

Community Health Center Access and Technology Initiatives; J-1 Visa Waiver Program and the Exchange Visitor Program; National Health Center Week; HRSA organizational issues.

17. House(s) of Congress and Federal agencies contacted

Check if None

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)
Raymond P. Taffora, Esq.	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature

Date

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page

Registrant Name Michael Best & Friedrich LLP Client Name National Association of Community Health Centers

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

20. Client new address

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

City _____ State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cc

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

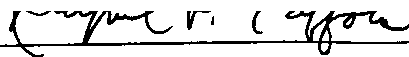
FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

[Handwritten signature]

Signature  Date 1.6.07

Printed Name and Title Raymond P. Taffora, Esq., Partner

Form LD-2 (Rev. 6/98)

Page