

| | |
|---|--|
| 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 |
|---|--|

RECEIVED
SECRETARY OF THE SENATE
03 AUG -6 PM 12:20

LOBBYING REPORT

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

| | | | |
|---|--------------|-------------------|---------------------------|
| 1. Registrant Name DOWNEY McGRATH GROUP, INC | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1225 I STREET NW SUITE 600 | | | |
| 3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20005 | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Kathleen Tynan McLaughlin | 202 789 1110 | | 12573-188 |
| 7. Client Name <input type="checkbox"/> Self Healthcare Association of New York State | | | 6. House ID # 31805004 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1 -June 30) OR Year End (July 1 -Dece

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|---|
| <p style="text-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>100,000</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 style="text-align: center;">13. Organizations</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"/> * \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code</p> |
|--|---|

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

PA

00000250178

Registrant Name DOWNEY McGRATH GROUP, INC. Client Name Healthcare Association of New York State

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

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

16. Specific lobbying issues

H.R. 1, Medicare Prescription Drug and Modernization Act of 2003
 S. 1, Prescription Drug and Medicare Improvement Act of 2003

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

U.S. House of Representatives
 U.S. Senate

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

| Name | Covered Official Position (if applicable) |
|-----------------|---|
| Ray McGrath | |
| Tom Downey | |
| John Olinger | |
| Delanne Bernier | |
| | |
| | |
| | |

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

Handwritten initials/signature

Signature Thomas J. Downey Date August 14, 2003

Printed Name and Title Thomas J. Downey, Chairman

Form LD-2 (Rev. 6/98)

Page 2