Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510





LOBBYING REGISTRATION

	ew Registrant 🕢 New Client for E	, , <u> </u>	1, E	ffective	Date of R	egistratio	n <u>02</u>
2. House Identification 39169				Senate Identification			
REGISTRA	ANT 🗸 Organization 🗌	Individual					
3. Registrant	Organization Abell, Henry	& Associates, LLC					
Address 5765	-F Burke Centre Parkway #101	Address2					
City Burk	e	State	VA	Zip	22015	-	Сс
4. Principal plac	e of business (if different than				· · · · · ·		
City		State		Zip		-	Co
5. Contact name	and telephone number	International P	Sumher	_			
Contact Mr.	P. T. Henry	Telephone (703) 455-2990		E-mail	pthenry@ai	bellhenry.co	om
	iption of registrant's business oping for Business A Lobbying Firm is required to fi	le a separate registration for each clie	nt. Orga	nizations e	employing in	n-house lobb	vists she
Consulting/Lobl CLIENT 7. Client name	oying for Business A Lobbying Firm is required to fit labeled "Self" and proceed to line	le a separate registration for each clie 2 10. Self	nt. Orga	nizations e	employing in	ı-house lobb	vists she
CLIENT	oying for Business A Lobbying Firm is required to fi	le a separate registration for each clie 2 10. Self	nt. Orga	nizations e	employing in	n-house lobb	vists she
CLIENT 7. Client name Address	oying for Business A Lobbying Firm is required to fit labeled "Self" and proceed to lime Wisconsin Physicians Service	le a separate registration for each clie 2 10. Self	nt. Orga		employing in	-house lobb	
7. Client name Address City	oying for Business A Lobbying Firm is required to fit labeled "Self" and proceed to lime Wisconsin Physicians Service 1717 West Broadway PO Bo	le a separate registration for each clie 2:10. Self x 8190 State				house lobb	Cc
CLIENT 7. Client name Address City 8. Principal place	A Lobbying Firm is required to fi labeled "Self" and proceed to lime Wisconsin Physicians Service 1717 West Broadway PO Bo Madison	le a separate registration for each clie 2:10. Self x 8190 State				n-house lobb	
CLIENT 7. Client name Address City 8. Principal plac	A Lobbying Firm is required to fi labeled "Self" and proceed to lime Wisconsin Physicians Service 1717 West Broadway PO Bo Madison	le a separate registration for each clie 7. 10. Self × 8190 State ine 7) State		Zip		house lobb	Co
CLIENT 7. Client name Address City 8. Principal plac	A Lobbying Firm is required to fit labeled "Self" and proceed to line Wisconsin Physicians Service 1717 West Broadway PO Bo. Madison e of business (if different than liption of client's busines or act	le a separate registration for each clie 7. 10. Self × 8190 State ine 7) State		Zip		house lobb	Co
CLIENT 7. Client name Address City 8. Principal plac City 9. General descr	A Lobbying Firm is required to fit labeled "Self" and proceed to line Wisconsin Physicians Service 1717 West Broadway PO Bo. Madison e of business (if different than liption of client's busines or actums Processing	le a separate registration for each clie 7. 10. Self × 8190 State ine 7) State		Zip		-house lobb	Co
CLIENT 7. Client name Address City 8. Principal plac City 9. General descr Healthcare Clair LOBBYIST 10. Name of eacthis section has	A Lobbying Firm is required to findabeled "Self" and proceed to line Wisconsin Physicians Service 1717 West Broadway PO Boom Madison e of business (if different than line) iption of client's busines or act ms Processing Sh individual who has acted or is served as a "covered executive and execu	le a separate registration for each clie 2 10. Self x 8190 State ine 7) State ivities s expected to act as a lobbyist febranch official" or "covered leg	wI or the c gislative which I	Zip Zip lient ide branch the perso	ntified on official" von served	- line 7. If within two	Co Co any pe
CLIENT 7. Client name Address City 8. Principal place City 9. General descr Healthcare Clain LOBBYIST 10. Name of eacthis section has a lobbyist for th	A Lobbying Firm is required to findabeled "Self" and proceed to line Wisconsin Physicians Service 1717 West Broadway PO Boom Madison e of business (if different than liption of client's busines or act ms Processing Sh individual who has acted or is served as a "covered executive"	le a separate registration for each clie 2 10. Self x 8190 State ine 7) State ivities s expected to act as a lobbyist febranch official" or "covered leg	wI or the c gislative which I	Zip Zip lient ide branch the perso	ntified on official" von served	- - line 7. If within two	Co Co any pe
CLIENT 7. Client name Address City 8. Principal plac City 9. General descr Healthcare Clair LOBBYIST 10. Name of eacthis section has	A Lobbying Firm is required to fi labeled "Self" and proceed to line Wisconsin Physicians Service 1717 West Broadway PO Bo Madison e of business (if different than liption of client's busines or act ms Processing TS h individual who has acted or is served as a "covered executive e client, state the executive an	le a separate registration for each clie 2 10. Self 2 8190 State ine 7) State ivities s expected to act as a lobbyist for branch official" or "covered leg d/or legislative position(s) in	WI or the c gislative which i	Zip Zip lient ide e branch the perso	ntified on official" von served.	- line 7. If within two	Co Co any pe

Ö			
	v5.0.0i		
L		 · · · · · · · · · · · · · · · · · · ·	 · · · · · · · · · · · · · · · · · · ·

LOBBYING ISSUES 11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, **HCR** 12. Specific lobbying issues (current and anticipated) **Ithcare Claims Processing** AFFILIATED ORGANIZATIONS 13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant ir a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities? Yes --> Complete the rest of this section for each entity matcl マ No --> Go to line 14. criteria above, then proceed to line 14. Principal Place of Bu Name Address Street City State/Province Zip Code Country City State Country City State Country City State Country **FOREIGN ENTITIES** 14. Is there any foreign entity a) holds at least 20% equitable ownership in the client or any organization identified on line 13: or b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome c lobbying activity? Yes --> Complete the rest of this section for each entity matcl No --> Sign and date the registration. the criteria above, then sign the registration. Address Amount of contribution Principal place of business Name Street for lobbying activities (city and state or country) City State/Province Country City Country State City Country State Digitally Signed By: Patrick T Henry Date 03/1 Signature > US, DST ACES Business Representative, HENRY CONSULTING GROUP, Patrick T Henry

(J) M M 90000



v5.0.0i

Page 2 of 2