

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 SENATE

ON AUG 15 PM 1:07

**LOBBYING REPORT**

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

1. Registrant Name <b>BKSH &amp; Associates</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1801 K Street, N.W., Ste. 901-L</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC 20006 USA</b>			
4. Contact Name <b>Sharon Balkam</b>	Telephone <b>202-530-0400</b>	E-mail (optional) <b>Sharon_Balkam@was.bm.com</b>	5. Senate ID # <b>6291-3300</b>
7. Client Name <input type="checkbox"/> Self <b>National Renal Administrators Association</b>			6. House ID # <b>33118214</b>

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

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**

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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>\$80,000</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><b>EXPENSES</b> 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 \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA del</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section Internal Revenue Code</p>

Signature \_\_\_\_\_

Printed Name and Title Scott Pastrick, President



Registrant Name **BKSH & Associates** Client Name **National Renal Administrators Association**

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

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

16. Specific lobbying issues

**Medicare, Medicaid issues re End Stage Renal Disease; ESRD Legislation (H.R. 4927, S. 2562, S. 2614)**

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

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

Name	Covered Official Position (if applicable)
<b>Black, Charles</b>	<b>N/A</b>
<b>Bode, Holly</b>	<b>N/A</b>
<b>Klepner, Jerry</b>	<b>N/A</b>
<b>Nussle, Karen</b>	<b>N/A</b>
<b>Tompkins, J. Warren</b>	<b>N/A</b>

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

Signature \_\_\_\_\_

Printed Name and Title **Scott Pastrick, President**



Registrant Name BKSH & Associates Client Name National Renal Administrators Association

**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

**Paul Brown**  
**Mark Disler**

**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 cot

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

Signature *Scott Pastrick*

Printed Name and Title Scott Pastrick, President

Form LD-2 (REV. 6/98)

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