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LOBBYING REPORT

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

1. Registrant Name <u>Chesapeake Enterprises</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1800 K St, NW Suite 1122</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20006</u>			
4. Contact Name <u>John Fluharty</u>	Telephone <u>463-9677</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>Healthcare Study Group</u>	6. House ID # <u>provided</u> <u>check</u>		

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec 31)

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 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>40,000.00</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 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>14. REPORTING METHOD. 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 162(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature: [Handwritten Signature]

Printed Name and Title J. John Fluharty, VP

LD-2 (REV. 6/98)

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 HUD (one per page)

16. Specific lobbying issues

HUD Insurance relating to healthcare facilities

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

Ch

HUD
House/Senate

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

Name	Covered Official Position (if applicable)
<u>Scott W. Reed</u>	
<u>J. John Fluharty</u>	

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

Signature [Signature] Date 11/16/03

Printed Name and Title _____

Page

Form LD-2 (Rev. 6/98)