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# LOBBYING REPORT

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

1. Registrant Name <b>Winterberry Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 17888</b>			
3. Principal Place of Business (if different from line 2) City: <b>Portland</b> State/Zip (or Country) <b>ME 04117</b>			
4. Contact Name <b>Michael Ryan</b>		Telephone <b>(207) 838-0907</b>	E-mail (optional) 5. Senate ID # <b>2860</b>
7. Client Name <input type="checkbox"/> Self <b>Maine Health</b>			6. House ID #

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December 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><b>12. Lobbying Firms</b></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>20,000</u>  <small>Income (nearest \$20,000)</small></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>13. Organizations</b></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"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</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 16 Internal Revenue Code</p>



Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

*Michael Ryan, President*

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 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 MUM (one per page)

16. Specific lobbying issues

*Issues Related to Medicare Reform  
and Administrative Matters related to Reimbursement Rates for Hospitals.*

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

*CMM, HHS, House and Sen*

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

Name	Covered Official Position (if applicable)
<i>Michael Ryan</i>	

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

Signature *Michael Ryan* Date *4/22/1*

Printed Name and Title

Michael Ryan, President

Form LD-2 (Rev. 6/98)

Page