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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/1/2002

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Shaw Pittman LLP

Address 2300 N Street, NW

City Washington

State DC

Zip 20037

4. Principal place of business (if different from line 3)

City n/a

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 663-8245

Contact Claudia A. Hrvatin

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law firm.

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  *Self*

7. Client name Health Choice Network, Inc.

Address 3900 N.W. 79th Avenue, Suite 500

City Miami

State FL

Zip 33166

8. Principal place of business (if different from line 7)

City n/a

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Organization advocating the interests of a group of community health centers in Florida and New Mexico.

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Mark H. Smith</u>	
<u>Andrew L. Woods</u>	

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Registrant Name Shaw Pittman LLP Client Name Health Choice Network, Inc.

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD

BUD          MMM         

12. Specific lobbying issues (current and anticipated)

Appropriations, Medicare/Medicaid issues.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No → Go to line 14.  Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co
n/a		

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of 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 of the lobbying activity?

No → Sign and date the registration.  Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
n/a			

Signature *Mark H. Smith* Date 5/7/02

Printed Name and Title Mark H. Smith, Senior Government Relations Advisor

