Clerk of the House of Representatives Logislative 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 CO AUG 17 AM 11: 29

## LOBBYING REPORT

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

Registrant Name     Dickstein Shapiro Morin & Oshinsky ŁLP		
2. Address 🗀 Check if different than previously reported 2101 L Street NW Washington DC 20037	USA	
Principal Place of Business (if different from line 2)		
City State/Zip (or Country)		
Contact Name Felephone E-ms     L. Andrew Zausner 202/828-2259	ii (optional) 5. Senate (I) # 12208-152	
7. Client Name	6. House 10 # 31737007	
O. Check if this filing amends a previously filed version of the sound in the control of the check if this is a Termination Report X > Termination INCOME OR EXPENSES - Complete Either	n Date 1/1/98 11. No Lobbying Activity	
12. Lobbying Firms	13. Organizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:	
Loss than \$10,000 ()	l.ess than \$10,000 🗇	
\$10,000 or more [] >> \$	\$10,000 or more     >> \$	
Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.	
(including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only  Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code	
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	
Signature	Date 8/10/2000	
Printed Name and Take L. Andrew Zausner - Partner	Page 1 of 4	

w	BBYING ACT	IVITY. Select as many codes as nec	tessary to reflect the general issue areas in which the registrant	
eng	gaged in lobbyin		eporting period. Using a separate page for each code, provide	
15.	General issue	area code HCR (one per	page)	
16.	Specific Lobb	ying issues		
,				
17.		ongress and Federal agencies contac	sed Check if None	
	Executive Of	of Health & Human Services lice of the President		
	House of Rep Senate	resentatives		
	DEGAL			
18.	Name of each	individual who acted as a lobbyist in	n Philo forma area	
		Name		! New
		Name	Covered Official Position (of applicable)	New
	Adams, Kenr	Name leth L.	Covered Official Position (If applicable)	No
	Adams, Kenr Parver, Corr	Name leth L.	Covered Official Position (of applicable)	No No
	Adams, Kent Parver, Corr DeCarlo, Mic	Name leth L. inc	Covered Official Position (of applicable)	No
	Adams, Kenr Parver, Corr	Name leth L. inc	Covered Official Position (of applicable)	No No
	Adams, Kent Parver, Corr DeCarlo, Mic	Name reth L. ine rhael izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El	Name reth L. ine rhael izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El	Name reth L. ine rhael izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El	Name reth L. ine rhael izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El Moore, Rebe	Name  ieth L.  ine hael  izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El Moore, Rebe	Name reth L. ine rhael izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El Moore, Rebe	Name  ieth L.  ine hael  izabeth	Covered Official Position (if applicable)	No No No
	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El Moore, Rebe	Name  ieth L.  ine hael  izabeth	Covered Official Position (if applicable)	No No No
19.	Adams, Kenr Parver, Corr DeCarlo, Mic Haywood, El Moore, Rebe	Name  ieth L.  ine hael  izabeth	Covered Official Position (if applicable)  Silved on line 16 above   Check if None	No No No

Registrant Name	e: Dickstein Shapiro Morin & Oshinsky	LLP	
Client Name:	Natl. Fed. of Societies for Clinical Soci	ia) Work	
engaged in lobb	CTIVITY, Select as many codes as necessar ying on behalf of the client during the report equested. Attach additional page(s) as neede-	y to reflect the general issue areas in which the registrant ing period. Using a separate page for each code, provide d.	
	nue area code INS (one per page)		
I7. House(s) o	f Congress and Federal agencies contacted	■ Check if None	
18. Name of ea	nch individual who acted as a lobbyist in this	issue area  Covered Official Position (if applicable)	New
19. Interest of	each foreign entity in the specific issues liste	d on line 16 above 💢 Check if None	I
Signature		Date 8/10/2008	
Printed Name ar	nd Title L. Andrew Zausner - Partner	Page	3 of 4

OBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant gaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide formation as requested. Aftach additional page(s) as needed.  General issue area code MMM	Registrant Name:	Dickstein Shapiro Mortn & Oshinsky LLP	
gusged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide formation as requested. Attach additional page(s) as needed.  5. General issue area code MMM (one par page)  5. Specific Lobbying issues  7. House(s) of Congress and Federal agencies contacted X Chock if None  8. Name of each individual who acted as a lobbyist in this (sque area  Name Covered Official Position (if applicable)  New	Client Name:	Natl, Fed. of Societies for Clinical Social Work	
5. Specific Lobbying issues  7. House(s) of Congress and Federal agencies contacted  X. Check if None  R. Name of each individual who acted as a lobbyist in this (issue area  Name  Covered Official Position (of applicable)  New	engaged in lobbyis	ng on behalf of the client during the reporting period. Using a sepa	sue areas in which the registrant rate page for each code, provide
7. House(s) of Congress and Federal agencies contacted X Check if None  8. Name of each individual who acted as a lobbyist in this (sque area  Name Covered Official Position (if applicable) New			
Name of each individual who acted as a lobbyist in this (ssue area    Name   Covered Official Position (if applicable)   New	<ol><li>Specific Lobi</li></ol>	bying issues	
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Name of each individual who acted as a lobbyist in this (ssue area    Name   Covered Official Position (if applicable)   New	17 Honester of C	**************************************	Chaot if None
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	18. Name of each		Official Position (of apolicable) New
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	18. Name of each	Name Covered	
7. Interest of each foreign entity in the specific issues listed on line 16 above 💢 Check if None		Name Covered	
$\Omega \sim$		Name Covered	
(/(1)) [		Name Covered	
gnature Date 8/19/2006		Name Covered	
	19. Interest of each	Name Covered  Covered	X Check if None
inted Name and Title L. Andrew Zausner - Partner		Name Covered  Characteristic in the specific issues listed on line 16 above	★ Check if None