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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 LOBBYING REPORTS AM,

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

1. Registrant name		 		
Organization Gambro Healthcare Inc.				
2. Address Check if different than previously reported		,		
1627 Cole Blvd., Bldg. 18				
City Lakewood State	CO Zip Code 80401	Country USA		
3. Principal place of business (if different than line 2)				
City State City State	Zip Code Zip or Country	Country		
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#		
Ms. Susan Robers 847/715-7108 Sus	san.Robers@us.gambro.com	8125812		
7. Client Name Self		6. House ID#		
Gambro Healthcare Inc.		36279000		
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report → Termination Date INCOME OR EXPENSES - Complete Either Line		11. No Lobbying Activ		
12. Lobbying Firms	13. Organ	izations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac were:	ctivities for this reporting		
Less than \$10,000	Less than \$10,000			
\$10,000 or more	\$10,000 or more 🗵 🖒 \$	380,000		
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Ch accounting method. See instruction			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions onl Method B. Reporting amounts under section 6033(b)(8) of			
	Internal Revenue Code Method C. Reporting amounts under section 162(e Revenue Code			
Printed Name and Title Susan Robers, Vice President of		Form Con		
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D-2DS (Rev. 4/03)				

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Registrant Name _	Gambro Healthcare I	nc.	Client Name Gambro Healthcare Inc.
engaged in lobby		client during the rep	cessary to reflect the general issue areas in which the porting period. Using a separate page for each code needed.
15. General issue	e area code MMM - I	Medicare/Medicaid	(one per page)
16. Specific lobb	ying issues		Add page to continue specific issues description for this issue
Stage Renal MMA implicat MMA. The pr for dialysis se	Disease (ESRD), incl tions for dialysis payn oposed Kidney Quali ervices, including an a	luding impact and property to the property of the land	e MMA) provisions relating to End roblems from CMS regulations. ograms. The bundling demonstattion project in the ct of 2005 provisions relating to Medicare payment composite rate, payment for CKD, public and lings, pay for performance, etc.
17. House(s) of 0	Congress and Federa	l agencies contacte	d Check if None
House Senate Centers for M MedPAC	edicaare & Medicaid	Services	
18. Name of eac	h individual who act	ed as a lobbyist in t	this issue area Add a page to continue additing lobbyists for th
First Name Susan	Name Last Name Robers	Suffix MPA	Covered Official Position (if applicable)
	ent company of the re	-	isted on line 16 above Check if None crest in Medicare and Medicaid reimbursement for dialy
			Add a page for a differe
Printed Name an	d Title Susan Rob	ers, Vice Preside	nt of Government Affairs
LD-2DS (REV. 4/03)			

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Registrant Name	Registrant Name Gambro Healthcare Inc.		Client Name Gambro Healthcare Inc.			
Information	Update Page -	Complete ONLY	where regi	stration infor	mation has change	ed.
20. Client new a	address					
City	nrincipal place of bus	iness (if different than I	State	Zip Code	Count	ry
City			State	Zip Code	Count	iry
22. New genera	l description of client	's business or activities				
LOBBYIST 1 23. Name of ea		rted individual who is	no longer	expected to act a	as a lobbyist for the c	lient
1 Larry	Buckelew	. Sunx	3	Luzi Manie	Last Name	Su
2 Ella	Friedman	MBA	4			
ISSUE UPDA		<u>. </u>	F	ind the code to	select below.	
24. General lot	bbying issues that n	o longer pertain				
AFFILIATE	D ORGANIZAT	IONS			700.00	
25. Add the fol	llowing affiliated or	ganization(s)	T			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	Address			Principal place of Busines: (city and state or country	
		Address			City	
		C/S/Z Address				ıntry
		C/S/Z		I	City State	
26. Name of ea	ach previously repo	rted organization that	is no longe i	r affiliated with	the registrant or clien	ıt
		2		3		
FOREIGN E	NTITIES llowing foreign enti	riec	· · · · · · · · · · · · · · · · · · ·			
Name	Street Address	Address	(city and	place of business state or country)	Amount of contribution for lobbying activities	Own perce client
			City			
			State	Country		
28. Name of eac affiliated orga		foreign entity that no I	onger owns,	<u>or</u> controls, <u>or</u> is	affiliated with the regis	strant, c
1		3		5		
2		4		6		
	d	me Other			Add a page for	r more u _l
Printed Name an	nd Title Susan Ro	obers, Vice Preside	ent of Gove	ernment Affair	s F	سر ی
LD-2DS (REV. 4/03)						
