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 SENA

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LOBBYING REPORT

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

1. Registrant Name
   Reed Smith

2. Address ☐ Check if different than previously reported

   1301 K Street, NW, Suite 1100 - East Tower, Washington, DC 20005

3. Principal Place of Business (if different from line 2)

   City: State/Zip (or Country)

4. Contact Name   Telephone   E-mail (optional)   5. Senate II
   Phillips S. Peter   202-414-9258   32932-

7. Client Name ☐ Self   6. House ID
   Sunrise Medical, Inc.   303020

TYPE OF REPORT 8. Year ___2001___ Midyear (January 1-June 30) ☒ OR Year End (July 1-

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 Lobb

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☑ ⇨ $ _20 000_
                        Income (nearest $20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $_____
                        Expenses (nearest $

14. REPORTING METHOD. Check box to ind accounting method. See instructions for descriptic

☐ **Method A.** Reporting amounts using LDA de

☐ **Method B.** Reporting amounts under section
                 Internal Revenue Code

☐ **Method C.** Reporting amounts under section
                 Internal Revenue Code

Signature _____ *Phillips S. Peter* _____

Printed Name and Title_____Phillips S. Peter, Counsel, Head of Government Relations

Registrant Name _____ Reed Smith _____ Client Name _____ Sunrise Medical, Inc. _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each** information as requested. Attach additional page(s) as needed.

15. General issue area code ___MMM___ (one per page)

16. Specific lobbying issues

Medicare Reimbursement

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

U.S. House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Phillips S. Peter	

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

Signature _____ *Phillips S. Peter* _____   Date _____ 8-10- _____

Printed Name and Title   Phillips S. Peter, Counsel, Head of Government Relations

Printed Name and Title