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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 5/11/08

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

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

### REGISTRANT

3. Registrant name The McManus Group

Address

660 Pennsylvania Ave, SE Suite 201

City

Washington

State

DC

Zip

20003

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

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 548-2317

Contact John McManus

E-mail (optional)

Jmc

mc@mc

6. General description of registrant's business or activities

Health Care Consulting

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

7. Client name American Academy of Occupational Therapists

Address

4720 Montgomery Lane

City

Bethesda

State

MD

Zip

20814

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

City

State/Zip (or Country)

9. General description of client's business or activities

Trade group for Occupational Therapists

### 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 p  
this section has served as a "covered executive branch official" or "covered legislative branch official" within two  
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 applic
<u>John McManus</u>	<u>Staff Director, Ways &amp; Me Committee Subc</u>

Form LD-1 (Rev. 06/98)

Registrant Name McManns Group Client Name American Academy of Occupati

**LOBBYING ISSUES**

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

MMM

12. Specific lobbying issues (current and anticipated)

Modifying or repealing the impending therapy cap

**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 the criteria above, then proceed to line 14.

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

**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 e matching the criteria above, then sign registration.

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

Signature John M. McE... Date 5/11/04

Printed Name and Title John McE..., President

Form LD-1 (Rev. 06/98)