Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
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Washington, DC 20515	Washington, DC 20510

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HAND DELIVERED ☐

LOBBYING REPORT

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

1. Registrant Name
Powell, Goldstein, Frazer & Murphy LLP

2. Address ☐ Check if different than previously reported
1001 Pennsylvania Avenue, N.W., Suite 600, Washington, D.C. 20004

3. Principal Place of Business (if different from line 2)
City: **N.A.** State/Zip (or Country)

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael Fine	**(202) 347-0066**		**31942-378**

7. Client Name ☐ Self	6. House ID #
U.S. Oncology (formerly known as American Oncology Resources)	**31255037**

TYPE OF REPORT 8. Year **1999** Midyear (January 1-June 30) ☐ **OR** Year End (July 1-December 31) ☒

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 Lobbying Activity ☐

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 ☐ ⇨ $_____
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 reporting period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $_____
Expenses (nearest $20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

☐ **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 _____

Printed Name and Title _____

Form LD-2 (REV. 6/98)

INITIAL

Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name U.S. Oncology

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

15. General issue area code **MMM** (one per page)

16. Specific lobbying issues

Medicare payment rules for oncologists

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

Heath Care Financing Administration
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Alan K. Parver		☐
Steven Stranne		☒
		☐
		☐
		☐
		☐
		☐

19. Interest of each foreign entity in the specific issues listed on line 16 above ☐ Check if None **N.A.**

Signature _____ Date _____

Printed Name and Title _____

Registrant Name **Powell, Goldstein, Frazer & Murphy LLP** Client Name **U.S. Oncology**

Information Update Page – Complete ONLY where information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Elisabeth Topel

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns or controls, or is affiliated with the registrant, client or affiliated organization

Signature Alan K. Parver

Printed Name and Title **Alan K. Parver, Partner**

Form LD-2 (REV. 6/98)