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Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
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232 Hart Building
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SECRETARY OF THE SENATE
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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 June 5, 200

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name J. Michael Hudson The Health Policy Group

Address 1300 Pennsylvania Ave. N.W. Suite 700

City Washington State D. C. Zip 20003

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

City State/Zip (or Country)

5. Telephone number and contact name

(202) 204-2545 Contact J. Michael Hudson E-mail (optional)

6. General description of registrant's business or activities

Health policy

CLIENT

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

7. Client name University of California

Address 1608 Rhode Island Ave. N.W.

City Washington, D.C. State Zip 20036

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

City State/Zip (or Country)

9. General description of client's business or activities

California Institution of Higher Education/public university of the State of C

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within tv 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 appli
~~J. Michael Hudson~~	
Manda Wong	



Registrant Name J. Michael Hudson Client Name University of California

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Technical issues regarding Medicare and Medicaid demonstrations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of t a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbyi

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each ent the criteria above, then proceed to line 14.

Name	Address	Principal Place of E (city and state or c

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 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 i of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for matching the criteria above, then sig registration.

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

Signature J. Michael Hudson Date 6/19/02

Printed Name and Title J. Michael Hudson Senior Partner

Form LD-1 (Rev. 06/98)