Secretary of the Senate
Clerk of the House of Representatives

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
99 FEB -3 PM 2:47

For Official Use

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an amended registration ☐

REGISTRANT

1. Name of Registrant: Law Offices of Mark S. Joffe

   Address: 1800 K Street, N.W., Suite 720

   City: Washington, State: DC Zip: 20006

2. Principal place of business *(if different from line 1)*

   City: State/Zip (or Country):

3. Telephone number and contact name

   (202)457-6633 Contact: Mark S. Joffe

4. General description of registrant's business or activities

   Law Firm

CLIENT

A lobbying firm is required to file a separate registration for each client. An organization employing in-house lobbyists will indicate "Self" on line 5 and proceed to line 8.

5. Name of Client: Medicare Cost Contractors Alliance

   Address: c/o Shaw Pittman Potts & Trowbridge , 2300 N Street, N.W.

   City: Washington State: DC Zip: 20037

6. Principal place of business *(if different from line 5)*

   City: State/Zip (or Country):

7. General description of client's business or activities

   A coalition to advocate continuation of the Medicare cost contract program.

REGISTRANT EMPLOYEES

8. Name and title of each employee of the registrant who has acted or is expected to act as a lobbyist for the client identified on line 5. Indicate any employee who served as a "covered executive branch official" or "covered legislative branch official" within 2 years before the date that the employee first acted or will act as a lobbyist for the client, *and state the executive or legislative branch position(s) in which the employee served.* Attach Lobbing Registration Addendum if necessary.

   Mark S. Joffe, Attorney
   Kelli D. Back, Attorney

LOBBYING ISSUES

9. General lobbying issue areas *(select applicable codes, listed in instructions and on reverse side of Form LD-1, page 1)*

MMM GOV HCR

10. Specific lobbying issues (current and anticipated)

To continue authority of HCFA to enter into Medicare cost contracts.

AFFILIATED ORGANIZATIONS

11. Name, address, and principal place of business of any entity *other than the client* that contributes more than $10,000 to the lobbying activities covered by this registration in a semiannual period, *and* in whole or in major part plans, supervises, or controls the registrant's lobbying activities. If none, so state.

Name	Address	Principal place of business (city and state or country)
NONE		

FOREIGN ENTITIES

12. Name, address, principal place of business, amount of any contribution of more than $10,000, and approximate percentage of equitable ownership in the client of any foreign entity that:

a) holds at least 20% equitable ownership in the client or in any organization identified on line 11; *or*
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the activities of the client or any organization identified on line 11; *or*
c) is an affiliate of the client or any organization identified on line 11 and has a direct interest in the outcome of the lobbying activity.

If none, so state.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
NONE				

Signature Mark S. Joffe Date February 2, 1999

Printed Name and Title Mark S. Joffe, Attorney