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Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington. DC 20515	Washington, DC 20510

SECRETARY OF THE SENATE

LOBBYING F

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

1. Registrant Name
Levin, Powers, Brennan & Shea, LLC

2. Address ☐ Check if different than previously reported

40 Hungerford Street, Hartford, CT 06106

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

City: State/Zip (or Country)

4. Contact Name	Telephone	E-mail (optional)	5. Senat
Jay B. Levin	(860)278-8000	mail@lobbyct.com	5037

7 Client Name ☐ Self	6. House
Cross Sound Ferry Services,Inc.	

TYPE OF REPORT 8. Year 2003 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

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 rep period were:

Less than $10,000 ☐

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

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

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

☐ **Method B.** Reporting amounts under section 603 Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162 Internal Revenue Code

Signature _____

Printed Name and Title Jay B. Levin, Chair

LD-2 (REV. 6/98)

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name **Cross Sound Ferry Services, Inc.**

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

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

16. Specific lobbying issues:

Expansion of interstate and coastal ferry transportation, transportation facilities and job growth in p improvement of air quality through reduction of highway transportation.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
Jay B. Levin	

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

Signature _____ Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name **Cross Sound Ferry Services, Inc.**

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

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

16. Specific lobbying issues:

Expansion of interstate and coastal ferry transportation, transportation facilities and job growth in p improvement of air quality through reduction of highway transportation.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
Jay B. Levin	

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

Signature _____ Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name **Cross Sound Ferry Services, Inc.**

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

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

16. Specific lobbying issues:

Expansion of interstate and coastal ferry transportation, transportation facilities and job growth in improvement of air quality through reduction of highway transportation.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
Jay B. Levin	

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

Signature _____ Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name **Cross Sound Ferry Services, Inc.**

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

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

16. Specific lobbying issues:

Expansion of interstate and coastal ferry transportation, transportation facilities and job growth in p improvement of air quality through reduction of highway transportation.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
Jay B. Levin	

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

Signature _____ Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name **Cross Sound Ferry Services, Inc.**

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

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

16. Specific lobbying issues:

Expansion of interstate and coastal ferry transportation, transportation facilities and job growth in p improvement of air quality through reduction of highway transportation.

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

House of Representatives

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

Name	Covered Official Position (if applicable)
Jay B. Levin	

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

Signature _____ Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name: **Cross Sound Ferry Services, Inc**

Information Update Page . Complete ONLY where registration 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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

Add the following affiliated organization(s)

Name	Address	Principal Place of Business (City & S

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

FOREIGN ENTITIES

Add the following foreign entities(s)

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

Signature Date 2-11-04

Printed Name and Title: Jay B. Levin, Chair

1,475-41

Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SENATE
04 APR 13 PM 12:04

LOBBYING REPORT

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

1. Registrant Name
American Medical Rehabilitation Providers Association

2. Address ☐ Check if different than previously reported
1710 N Street NW

3. Principal Place of Business (if different from line 2)
Washington (City:) District of Columbia, 20036 (State/zip (or Country))

4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Carolyn C. Zollar	(202) 223-1920	czollar@13x.com	44561-12

7. Client Name ☐ Self

6. House ID # 34088000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☐ **OR** Year End (July 1-Dece

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

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 reporti period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ $ 220,047.00 Expenses (nearest $20,000)

14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt

- ☑ **Method A.** Reporting amounts using LDA definitio
- ☐ **Method B.** Reporting amounts under section 6033(t Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(e) Internal Revenue Code

Signature Carolyn C. Zollar Date 2/17/04

Signature _____ Date _____

Printed Name and Title Carolyn C. Zollar, V.P for Govt. Rel & Policy Development

LD-2 (REV. 4/03)

Registrant Name ın Medical Rehabilitation Providers Ass Client Name _____

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

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

16. Specific lobbying issues

All Under Medicare
1. Extend Moratorium Cap
2. Inpatient Rehabilitation Prospective Payment System
3. Support Managed Care Consumer Protection Bill

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

A. Centers for Medicare and Medicaid Services
B. House Ways and Means Committee
C. Senate Finance Committee

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

Name	Covered Official Position (if applicable)
Carolyn C. Zollar	Vice President for Gov. Relations & Policy Developmer

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

Signature Carolyn C. Zollar Date 2/17/04

Carolyn C. Zollar, V.P. for Govt. Rel. & Policy Development

Printed Name and Title Carolyn G. Zoldak, VP for Govt. Rel. & Policy Development

Registrant Name in Medical Rehabilitation Providers Ass Client Name _____

Information Update Page - Complete ONLY where registration 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 activites

LOBBYIST UPDATE

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

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 Bu (city and state or cou

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

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

Signature Carolyn C. Dollas Date 2/17/04

Printed Name and Title Carolyn C. Zollar, V.P for Govt. Rel & Policy Development