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LOBBYING REPORT

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

1. Registrant Name <u>SHARLA LANE FORSYTH</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>9000 Parliament Dr</u>			
3. Principal Place of Business (if different from line 2) City: <u>Burke</u> State/Zip (or Country) <u>VA 22015</u>			
4. Contact Name <u>SHARLA FORSYTH</u>		Telephone <u>703/978-4408</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>AMERICAN PSYCHOLOGICAL ASSOCIATION</u>		5. Senate ID # <u>1519</u> 6. House ID # <u>3308</u>	

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec 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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> \Rightarrow \$ <u>40,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> \Rightarrow \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description	
<input type="checkbox"/> Method A. Reporting amounts using LDA definition	
<input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code	
<input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code	

Signature

Sharla Lane Forsyth

Printed Name and Title SHEILA-LANE-FORSYTH / LANE-FORSYTH ASSOC.
LD-2 (REV. 6/98)



Registrant Name SHEILA LANE FORSYTH Client Name AMERICAN PSYCHOLOGICAL

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 HCR (one per page)

16. Specific lobbying issues

(A) National Health Service Corps Reauthorization
(Senate Draft Bill)

(B) FY2002 Appropriations
(Bureau of Health Professions)

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

(A) U.S. Senate

(B) U.S. House of Representatives

(C) Agencies

National Health Service Corps

Bureau of Health Professions

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

Name	Covered Official Position (if applicable)
<u>SHEILA LANE FORSYTH</u>	<u>N/A</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

Date

Printed Name and Title SHARLA LANE-FOLSYTH - LANE-FOLSYTH ASSOC

Form LD-2 (Rev. 6/98)

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