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

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



05 OCT 12 AM

## **LOBBYING REPORT**

| 1. Registrant name   |   |  |   |
|--|---|--|---|
| Organization UHAC, National  |   |  |   |
| 2. Address Check if different than previously reported   |   |  |   |
| Addressi 980 N. Michigan Ave., Suite 1210  |   |  |   |
| City Chicago State   | IL Zip Cod  | <sub>⊭</sub> 60611   | Country USA   |
| 3. Principal place of business (if different than line 2)  |   |  | www.comeenmanemennoonnoonneerene  |
| City State City State  | Zip Cod<br>/Zip or Country  | e  | Country   |
| 4a. Contact Name b. Telephone number Prefix Full Name  | c. E-mail   |  | 5. Senate ID#   |
| * - · · · · · · · · · · · · · · · · · ·  | apadakos@aol.com  |  | 39154-12  |
| 7. Client Name 🔀 Self  | (44)1444447753134154/1544   | ,  | 6. House ID#  |
| UHAC, National   |   |  | 33562000  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report  |   | OR Y   | Year End (July 1-December 31  11. No Lobbying Activity  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report  | ite_  | *  | 11. No Lobbying Activity  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   Termination Date   INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period   | 12 OR Line 13   | 13. Org  | . •   |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   The Termination Date of the Term | 12 OR Line 13  EXPENSES relation  | 13. Org  | 11. No Lobbying Activity  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   Termination Date    INCOME OR EXPENSES - Complete Either Line  | 12 OR Line 13  EXPENSES relation were:  | 13. Org  | 11. No Lobbying Activity  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   Termination Date    INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000   \$10,000 or more   \$\$\Begin{array} \text{\$\text{S}} \text{\$\text{S}} \text{\$\text{S}} \text{\$\text{Provide a good faith estimate, rounded to the nearest \$20,000,}   | EXPENSES relating were: Less than \$10,000 \$10,000 or more  14. REPORTING                                      | 13. Org  ig to lobbying  | 11. No Lobbying Activity ganizations gactivities for this reporting p   |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   Termination Date    INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000    \$10,000 or more    \$\$\delta\$ \$\$  | EXPENSES relation were: Less than \$10,000 \$10,000 or more  14. REPORTING accounting method                    | 13. Org  ing to lobbying   | 11. No Lobbying Activity ganizations g activities for this reporting p  Check box to indicate expensitions for description of options for description of options to the state of the state |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report     Image: Termination Date   Image: Termination Date  | EXPENSES relation were: Less than \$10,000 \$10,000 or more  14. REPORTING accounting method  Method A.         | 13. Org  ag to lobbying  by  METHOD.  See instruct  Reporting am  Reporting and  Internal Reverance  Reporting am  | 11. No Lobbying Activity ganizations ganizations gactivities for this reporting p  Check box to indicate expensitions for description of options counts using LDA definitions only counts under section 6033(b)(8) of counts under section 162(e) of the  |
| 9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report     Image: Termination Date   Image: Termination Date  | EXPENSES relativere: Less than \$10,000 \$10,000 or more  14. REPORTING accounting method  Method A.  Method B. | 13. Org  13. Org  13. Org  15. Org  16. Org  17. Org  18. | 11. No Lobbying Activity ganizations ganizations gactivities for this reporting p  Check box to indicate expensitions for description of options counts using LDA definitions only counts under section 6033(b)(8) of counts under section 162(e) of the  |

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Printed Name and Title Andrew A. Athens, Chairman



10/11/01

| Registrant Name UHAC, National  | Client Name UHAC, National                           |
|---|--|
| LOBBYING ACTIVITY. Select as many codes as ne engaged in lobbying on behalf of the client during the re information as requested. Attach additional page(s) as a  | porting period. Using a separate page for each code, |
| 15. General issue area code FOR - Foreign Relations   | (one per page)                                       |
| 16. Specific lobbying issues  |  |
| Foreign Affairs & Human Rights Issues of concern     Legislation or executive branch action affecting Grant Street Concern Street Concern Street Concern Street Concern Concern Concern Street Concern Co |  |
| 17. House(s) of Congress and Federal agencies contacte  | :d None House Senate Other                           |
| Department of State   |  |
|   |  |
| 18. Name of each individual who acted as a lobbyist in  | this issue area                                      |
| Name First Name Last Name Suffix Andrew A. Athens   | Covered Official Position (if applicable)            |
|   |  |
|   |  |
|   |  |
|   |  |
| 19. Interest of each foreign entity in the specific issues  | listed on line 16 above 💟 Check if Nove              |
| 12. Microst of each foreign entity in the specific and as   | miled on this to above Mileneck if None              |
|   |  |
|   |  |
| Printed Name and Title Andrew A. Athens, Chairman   | Jul 1 the 10/11/06                                   |

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Page 2

| nformation Undo  | ational   |   | ume UHAC, Nati  |  |                       |  |
|--|---|---|---|--|-----------------------|--|
| 20. Client new address Address   | te Page - Complete ON   | LY Wilere regis   | tration intort  | nation has change  | :d                    |  |
| City 21. Client new principal  | place of business (if different t   | State   | Zip Code  | Соили  | ry                    |  |
| City   |   | State   | Zip Code  | Count  | itry                  |  |
| 22. New general descript   | tion of client's business or activ  | vitics  |   |  |                       |  |
| LOBBYIST UPDAT 23. Name of each prev   | iously reported individual w  | yho is <b>no longer</b> e                               | xpected to act a  | s a lobbyist for the cl  |                       |  |
|  | Last Name Suf   | 3   | first Name  | Lust Nurse   | Suffi                 |  |
| 2  |   | 4   |   |  |                       |  |
| ISSUE UPDATE   |   | Fi  | nd the code to s  | select below.  |                       |  |
| 24. General lobbying is  | ssues that <b>no longer</b> pertain   |   |   |  |                       |  |
|  |   |   |   |  |                       |  |
| AFFILIATED ORG   | ANIZATIONS  |   |   |  |                       |  |
| 25. Add the following a  | iffiliated organization(s)  |   |   |  |                       |  |
| 25. Add the following a  | ffiliated organization(s)   | Address   |   | Principal place of I   |                       |  |
| · · · · · · · · · · · · · · · · · · ·  | Address   | Address   |   | (city and state or   | country)              |  |
| · · · · · · · · · · · · · · · · · · ·  |   | Address   |   | (city and state or   | country)              |  |
| Name   | Address<br>C/S/Z<br>Address<br>C/S/Z  |   |   | (city and state or  City  State Cou  City  State   | country)<br>.ntry     |  |
| Name  26. Name of each previ   | Address C/S/Z Address C/S/Z ously reported organization   |   |   | (city and state or  City  State Cou  City  State   | country)              |  |
| Name  26. Name of each previ   | Address C/S/Z Address C/S/Z ously reported organization   |   | affiliated with t   | (city and state or  City  State Cou  City  State   | country)              |  |
| Name  26. Name of each previ   | Address C/S/Z Address C/S/Z ously reported organization 2   |   |   | (city and state or  City  State Cou  City  State   | country)              |  |
| Name  26. Name of each previ   | Address C/S/Z Address C/S/Z ously reported organization 2   | that is no longer                                       |   | (city and state or  City  State Cou  City  State   | Owners percent        |  |
| Name  26. Name of each previ  FOREIGN ENTITII  27. Add the following f                               | Address C/S/Z Address C/S/Z  cously reported organization 2  ES oreign entities  Address                            | that is no longer                                       | 3<br>ace of business  | (city and state or City State Cou City State he registrant or clien Amount of contribution                             | country)<br>.ntry     |  |
| Name  26. Name of each previ  FOREIGN ENTITII  27. Add the following f                               | Address C/S/Z Address C/S/Z  cously reported organization 2  ES oreign entities  Address                            | that is no longer  Principal pl (city and st            | 3<br>ace of business  | (city and state or City State Cou City State he registrant or clien Amount of contribution                             | Owners percent        |  |
| 26. Name of each previous  FOREIGN ENTITIE  27. Add the following f  Name  28. Name of each previous | Address C/S/Z Address C/S/Z  cously reported organization 2  ES oreign entities  Address                            | that is no longer  Principal pl (city and st City State | acc of business are or country)                               | (city and state or City State Cou City State he registrant or clien Amount of contribution for lobbying activities     | Ovener percen client. |  |
| Name of each previ   | Address C/S/Z Address C/S/Z  cously reported organization 2  ES coreign entities  Street Address City               | that is no longer  Principal pl (city and st City State | acc of business are or country)                               | (city and state or City State Cou City State he registrant or clien Amount of contribution for lobbying activities     | Owner percent client  |  |
| Partice  26. Name of each previous affiliated organization   | Address C/S/Z Address C/S/Z  Cously reported organization  2  ES Oreign entities Street Address City State/Province | that is no longer  Principal pl (city and st City State | acc of business atc or country)  Country  r controls, or is a | (city and state or  City State Cou City State  The registrant or clien  Amount of contribution for lobbying activities | Owne percei           |  |