

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

## LOBBYING REPORT

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

1. Registrant name		
Organization Schramm, Williams & Assoc		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Address Check if different than previously reported		
Address1 512 C St, NE		
City Washington State D	DC Zip Code 20002	Country USA
3. Principal place of business (if different than line 2)		
City State City State/Z	Zip Code Zip or Country	Country
fa. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
	te@swaconsult.com	34592-214
7. Client Name Self  Assn Healthcare Coalition		6. House ID # 30449020
12. Lobbying Firms  NCOME relating to lobbying activities for this reporting period vas:  Less than \$10,000	EXPENSES relating to lobbying ac were:  Less than \$10,000	izations
\$10,000 or more 🗵 🖒 \$	\$10,000 or more	*****
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).	Internal Revenue	s for description of options of standard to the standard LDA definitions only to the standard section 6033(b)(8) of the standard to the standa
Printed Name and Title Nancy E. Williams, Secretary	èl.	Form Co

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Registrant Name Schramm, W	illiams & Assoc	Client Name	Assn Healthcare Coalition
	alf of the client during	g the reporting period.	et the general issue areas in which the r Using a separate page for each code
15. General issue area code	HCR - Health Issues		(one per page)
16. Specific lobbying issues	3	Add page to continu	ie specific issues description for this issue
H.R. 525 Small Business		et	
17. House(s) of Congress at House of Representatives Senate	nd Federal agencies co	ontacted Check if	None
18. Name of each individua  Nam  First Name  Duane  Musser		Covered	Add a page to continue additing lobbyists for thi d Official Position (if applicable)
	······		
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19. Interest of each foreign		ssues listed on line 16	above Check if None

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20. Client new addres			vhere registration in			
Address						
City			State Zip C	Code	Country	<i>,</i>
	pal place of busi	iness (if different than lin	ne 20)			
City  22. New general desc	ription of client	's business or activities	State Zip Co	ode	Country	/ 
Ü	·					
LOBBYIST UPD 23. Name of each pr		rted individual who is	no longer expected to a	act as a lobbyist fo	or the cli	ent
First Name	Last Name	Suffix	First Name	Last Name		Sul
 2			4			
ISSUE UPDATE	***					
24. General lobbyin	g issues that no	o longer pertain	Find the code	e to select below.		
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AFFILIATED OI		(ONIC				
25. Add the following						
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