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LOBBYING REPORT

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

1. Registrant Name C. KENNETH PROEFROCK			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 194			
3. Principal Place of Business (if different from line 2) City: RAWLEYS ISLAND State/Zip (or Country): SC 29685			
4. Contact Name C.K. PROEFROCK	Telephone	E-mail (optional)	5. Senate ID # 51491-12
7. Client Name <input type="checkbox"/> Self TUSKEGEE AREA HEALTH EDUCATION CONSORTIUM.			6. House ID # 34800001

TYPE OF REPORT 8. Year 2000 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 Activity

INCOME OR EXPENSES Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 163(e) of the Internal Revenue Code</p>

Signature C. Kenneth Proefrock

Printed Name and Title C. KENNETH PROEFROCK, PRES. ICPA ASSOC.

Registrant Name C. KENNETH PROEFROCK Client Name TUSKEGEE AREA HEALTH EDUCATION CONFORTUM

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD 1, page 1.

HCR

12. Specific lobbying issues (current and anticipated)

PHS ACT, TITLE VII, AMENDED

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No -> Go to line 14.

Yes -> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No -> Sign and date the registration.

Yes -> Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature C. Kenneth Proefrock

Date 12/5/2000

Printed Name and Title C. KENNETH PROEFROCK, PRES. ICPA ASSOCIATES

Registrant Name C. KENNETH PROEFROCK Client Name TUSCALOOSA AREA HEALTH EDUCATION CONSORTIUM

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 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

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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	Ownership percentage in client

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

Signature C. Kenneth Proefrock Date 12/5/2000
Printed Name and Title C. KENNETH PROEFROCK, PRES. KPA ASSOCIATES

Registrant Name C. KENNETH PROFFEROCK Client Name USXCELLE AREA HEALTH EDUCATION CONSORTIUM

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

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

16. Specific lobbying issues

PHS ACT, TITLE VII, AMENDED

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

Check if None

U.S. HOUSE OF REPRESENTATIVES
U.S. SENATE
DHHS, BUREAU OF HEALTH PROFESSIONS

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

Name	Covered Official Position (if applicable)	New
<u>C. KENNETH PROFFEROCK</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Check if None

Signature C. Kenneth Profferock

Date 02/15/2000

Printed Name and Title C. KENNETH PROFFEROCK, PRES. KPA ASSOCIATES