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# LOBBYING REPORT

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

|   |  |           |                               |
|---|--|-----------|-------------------------------|
| 1. Registrant Name<br><b>C. KENNETH PROEFROCK</b>   |  |           |                               |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>P. O. Box 194</b>                         |  |           |                               |
| 3. Principal Place of Business (if different from line 2)<br>City: <b>PAWLEYS ISLAND</b> State/Zip (or Country) <b>SC 29585</b> |  |           |                               |
| 4. Contact Name<br><b>C. K. PROEFROCK</b>   |  | Telephone | E-mail (optional)             |
| 5. Senate ID #<br><b>51491</b>  |  |           | 6. House ID #<br><b>34800</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>TUSKEGEE AREA HEALTH EDUCATION CENTER</b>                                    |  |           |                               |

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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

|   |  |
|---|--|
| <b>12. Lobbying Firms</b><br>INCOME relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input checked="" type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Income (nearest \$20,000)<br>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). | <b>13. Organizations</b><br>EXPENSES relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Expenses (nearest \$20,000)<br><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of<br><input type="checkbox"/> Method A. Reporting amounts using LDA definitions<br><input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |
|---|--|

Signature

*C. Kenneth Proefrock*

Printed Name and Title



Registrant Name C. K. PROFFROCK Client Name TUSKEGEE AREA HEALTH EDU

**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 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, AS AMENDED

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

HOUSE OF REPRESENTATIVES  
SENATE  
HRSA, DHEW

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

| Name                        | Covered Official Position (if applicable) |
|-----------------------------|---|
| <u>C. KENNETH PROFFROCK</u> |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |

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

Signature C. Kenneth Proffrock Date 08/10/01

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

