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### LOBBYING REPORT

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

1. Registrant name			
Organization	Viohl & Associates, Inc.		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	444 N. Capitol St., NW, Suite 428		
City	Washington	State	DC
Zip Code	20001	Country	US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Jeffrey Viohl	202-624-1478	jviohl@sso.org
5. Senate ID #			46062-90
7. Client Name <input type="checkbox"/> Self			6. House ID #
Ovations			3436000!

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of option.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>

*Jeffrey C. Viohl 8-1-05*

Form Co

Printed Name and Title Jeffrey C. Viohl, President



Registrant Name Viohl & Associates, Inc. Client Name Ovations

**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 cod information as requested. Attach additional page(s) as needed.**

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Proposed reforms to the delivery and financing of long-term care services under Medicaid. Creation of a new Integrated Long-Term Care Option.

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

House  
Senate  
U.S. Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Jeffrey	Viohl		

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

*Jeffrey C. Viohl 8-1-05*

Printed Name and Title Jeffrey C. Viohl, President

LD-2DS (REV. 4/03)

Page \_

Registrant Name Viohl & Associates, Inc. Client Name Ovations

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own per cent of client

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

1

3

5

2

4

6

*Jeffrey C. Viohl 8-1-05*

Add a page for more u

Printed Name and Title Jeffrey C. Viohl, President

