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01 FEB 15 PM 2 40

LOBBYING REPORT

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

1. Registrant Name Jay Grant & Associates, P.S.			
2. Address <input type="checkbox"/> Check if different than previously reported 801 Pennsylvania Ave, NW, Suite 245 Washington, DC 20004-2604			
3. Principal Place of Business (if different from line 2) City: Edmonds State/Zip (or Country) Washington			
4. Contact Name Jay Grant	Telephone 202-624-1512	E-mail (optional) jay@jaygrant.com	5. Senate ID # 167748-37
7. Client Name <input type="checkbox"/> Self State of Arkansas			6. House ID # 33151-004

TYPE OF REPORT 3. 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>80,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title Jay B. Grant, CEO

Registrant Name Jay Grant & Assoc., P.C. Client Name State of Arkansas

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 CAN (one per page)

16. Specific lobbying issues

Water quality issues that would affect Arkansas

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

*US House
Dept. of Health & Human Services
Health Care Financing Administration
US Senate*

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

Name	Covered Official Position (if applicable)	New
<i>Jay B. Grant</i>		<input type="checkbox"/>
<i>David K. Keh</i>		<input type="checkbox"/>
<i>David H. Olive</i>		<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 *Jay B. Grant* Date 2/14/01
Printed Name and Title Jay B. Grant, CEO

Registrant Name Jay Grant & Assoc. P. Client Name State of Arkansas

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 ~~000~~ (one per page)
mmmm

16. Specific lobbying issues
Medicaid issues that would affect the state of Arkansas

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

US House
US Senate
Dept. of Health & Human Services
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	No
<u>Jay B. Grant</u>		<input type="checkbox"/>
<u>David M. Olive</u>		<input type="checkbox"/>
<u>David K. Kehl</u>		<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 Jay B Grant Date 2/14/01

Printed Name and Title Jay B. Grant, CEO

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Registrant Name Jay Grant & Assoc., P.C. Client Name State of Arkansas

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 Gov (one per page)

16. Specific lobbying issues

government issues that would affect the state of Arkansas

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

Check if None

US House

US Senate

Dept. of Health & Human Services

Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	New
<u>Jay B. Grant</u>		<input type="checkbox"/>
<u>David M. Olive</u>		<input type="checkbox"/>
<u>David K. Kehl</u>		<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

Jay B. Grant

Date

2/14/01

Printed Name and Title

Jay B. Grant, CEO

Registrant Name Jay Grant & Assoc., P.C. Client Name State of Arkansas

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 TDB (one per page)

16. Specific lobbying issues

Tobacco settlement issues that would affect the State of Arkansas

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

*US House
US Senate
Dept. of Health & Human Services
Health Care Financing Administration*

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

Name	Covered Official Position (if applicable)	Net
<i>Jay B. Grant</i>		<input type="checkbox"/>
<i>David M. Olive</i>		<input type="checkbox"/>
<i>David K. Kehl</i>		<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 15 above Check if None

Signature *Jay B Grant* Date *2/14/01*

Printed Name and Title Jay B. Grant, CEO

5018

Registrant Name Jay Grant & Assoc. P. Client Name State of Arkansas

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 NHT (one per page)

16. Specific lobbying issues

Natural Resource issue that would affect Arkansas

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

Check if None

*US House
US Senate
Dept. of Health & Human Services
Health Care Financing Administration*

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

Name	Covered Official Position (if applicable)	No.
<i>Jay B. Grant</i>		<input type="checkbox"/>
<i>David M. Olive</i>		<input type="checkbox"/>
<i>David K. Kehl</i>		<input type="checkbox"/>
		<input type="checkbox"/>
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		<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 *Jay B. Grant*

Date *2/14/01*

Printed Name and Title Jay B. Grant, CEO

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Registrant Name Jay Grant & Assoc P. Client Name State of Arkansas

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 R00 (one per page)

16. Specific lobbying issues

Highway issues that would affect Arkansas

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

*US House
US Senate
Dept. of Health & Human Services
Health Care Financing Administration*

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

Name	Covered Official Position (if applicable)	No
<i>Jay B. Grant</i>		<input type="checkbox"/>
<i>David M. Olive</i>		<input type="checkbox"/>
<i>David K. Kehl</i>		<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 *Jay B Grant* Date *2/14/01*

Printed Name and Title Jay B. Grant, CEO

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