

## LOBBYING REPORT

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

1. Registrant Name <b>American Health Care Association</b>				
2. Address <input type="checkbox"/> Check if different than previously reported <b>1201 L Street NW, Washington, DC 20005</b>				
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____				
4. Contact Name <b>David Seckman</b>		Telephone <b>202-898-2857</b>	E-mail (optional)	5. Senate ID # <b>2491-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>31608000</b>	

**TYPE OF REPORT** 8. Year 1999 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><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 type="checkbox"/> ⇨ \$ _____  <small>Income (nearest \$20,000)</small></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><b>13. Organizations</b></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"/> ⇨ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: *D. P. Seckman*

Printed Name and Title: David P. Seckman, Acting President

Registrant Name American Health Care Assoc. Client Name Sel 880000

**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
- S. 736
  - H.R. 1313
  - H.R. 137
  - S. 751
  - H.R. 1624

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

- U.S. House of Representatives
- U.S. Senate
- Dept. of Health and Human services

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

Name	Covered Official Position (if applicable)	New
Todd Smith	Director of Policy & Analysis	<input type="checkbox"/>
John Schaeffler	Director of Congressional Affairs	<input type="checkbox"/>
Robert Asztalos	Sr. Dir. of Congressional Affairs	<input type="checkbox"/>
J. Michael Hogan	Director of Legislative Affairs	<input type="checkbox"/>
Cynthia Morton	Congressional Affairs Representative	<input checked="" type="checkbox"/>
Dan Mulvaney	Director of Grassroots & Political Affairs	<input checked="" type="checkbox"/>
Robert Deane	Chief Economist	<input type="checkbox"/>
David Seckman	VP Regulatory Affairs	<input type="checkbox"/>

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

Signature *David R. Seckman* Date 8/11/99

Printed Name and Title David R. Seckman, Actg. Pres.

Registrant Name American Health Care Assoc Client Name Self

880000

**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 INS (one per page)

16. Specific lobbying issues

S. 840	H.R. 2488	H. Con. Res. 8/
H.R. 110/S. 57	S. 10	S. Con. Res. 22
S. 36	H.R. 602	
S. 35	H.R. 161	
S. 24	H.R. 145	
H.R. 275	H.R. 188	
H.R. 1261	H.R. 1111/S. 894	
H.R. 1716	H.R. 2102	

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

U.S. Senate  
U.S. House of representatives  
Healthcare Financing Administration

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

Name	Covered Official Position (if applicable)	New
Todd Smith	Director of Policy & Analysis	<input type="checkbox"/>
John Schaeffler	Director of Congressional Affairs	<input type="checkbox"/>
J. Michael Hogan	Director of Legislative Affairs	<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 D. R. Siskin Date 8/11/99

Printed Name and Title D. R. Siskin, Acting President

Registrant Name American Health Care Assoc. Client Name Self

**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 MM (one per page)

16. Specific lobbying issues

- H.R. 1837/S. 472
- H.R. 131
- H.R. 1998
- H.R. 540/S. 494
- S. 863

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

- U.S. House of Representatives
- U.S. Senate
- Department of Health and 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
John Schaeffler	Director of Congressional Affairs	<input type="checkbox"/>
J. Michael Hogan	Director of Legislative Affairs	<input type="checkbox"/>
Dan Mulvaney	Dir. of Grassroots & Political Affairs	<input checked="" type="checkbox"/>
Robert Deane	Chief Economist	<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 *David Sedman* Date 8/11/99

Printed Name and Title David Sedman, Acting President

Registrant Name American Health Care Assoc. Client Name Self

880000

**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 LBR (one per page)

16. Specific lobbying issues

- H.R. 441
- H.R. 987
- H.R. 881
- S. 385
- H.R. 1899

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

- U.S. House of Representatives
- U.S. Senate
- Department of Health & Human Services

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

Name	Covered Official Position (if applicable)	New
Cynthia Morton	Congressional Affairs Representative	<input type="checkbox"/>
Robert Asztalos	Sr. Dir. of Congressional Affairs	<input type="checkbox"/>
J. Michael Hogan	Director of Legislative Affairs	<input type="checkbox"/>
David Seckman	VP Regulatory Affairs	<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 *D. Seckman* Date 8/11/99

Printed Name and Title David Seckman, Acting President

Registrant Name American Health Care Assoc. Client Name Self

880000

**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 VET (one per page)

16. Specific lobbying issues

H.R. 2116

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

U.S. House of Representatives  
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Cynthia Morton	Congressional Affairs Representative	<input checked="" type="checkbox"/>
Robert Asztalos	Sr. Dir. of Congressional Affairs	<input type="checkbox"/>
J. Michael Hogan	Director of Legislative affairs	<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 David R. Seckman Date 8/11/99  
Printed Name and Title David Seckman, Acting President

Registrant Name American Health Care Assoc Client Name Self

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

20. Client new address 880000  
880000
21. Client new principal place of business (if different from line 20)  
City \_\_\_\_\_ State/Zip (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

Robert Asztalos

**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 D. R. Selman Date 8/11/99

Printed Name and Title D. R. Selman, Acting President