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SECRETARY OF THE SENATE  
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**LOBBYING REPORT**

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

1. Registrant Name <b>The Wexler Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported 1317 P Street, NW, Suite 600, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Cynthia Berry, Principal and General Counsel	Telephone (202) 662-3714	E-mail (optional)	5. Senate ID # 41113-36
7. Client Name <input type="checkbox"/> Self American Dental Association			6. House ID # 30756001

**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 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> 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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input 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 instruction 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 162(e) of the Internal Revenue Code.</p>

Signature \_\_\_\_\_  
Printed Name and Title Cynthia Berry, Principal and General Counsel

Registrant Name The Wexler Group Client Name American Dental Association

**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 addition page(s) as needed.

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

16. Specific lobbying issues

Role of dental health in DHHS programs  
Impact of insurance reform on dental plans

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

Department of Health and Human Services  
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Jody Hoffman		<input type="checkbox"/>
Anne Wexler		<input type="checkbox"/>
Cynthia Berry		<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 list on line 16 above  Check if None

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Cynthia Berry, Principal and General Counsel

Registrant Name The Wexler Group Client Name American Dental Association

**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/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

Karl Saliba

**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 organizations 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 Cynthia E. Perry Date 2/14/01

Printed Name and Title Cynthia Perry, Principal and General Counsel