

99 AUG 16 PM 1:31

LOBBYING REPORT

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

1. Registrant Name National Committee to Preserve Social Security & Medicare			
2. Address <input type="checkbox"/> Check if different than previously reported 10 G Street, N.E.; Suite 600; Washington, D.C. 20002			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Max Richtman	Telephone (202) 216-0420	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30367000

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>12. Lobbying Firms</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>13. Organizations</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 checked="" type="checkbox"/> → \$ <u>4,180,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" 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>
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Signature Max Richtman

Printed Name and Title Max Richtman, Executive Vice President

Nat'l Code to Preserve
 Registrant Name Social Security & Medicare Client Name _____

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 CSP (one per page)

16. Specific lobbying issues

S. 335

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

United States Senate

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

Name	Covered Official Position (if applicable)	New
Martha McSteen		<input type="checkbox"/>
Max Richtman		<input type="checkbox"/>
Lisa Davis		<input type="checkbox"/>
Cheryl Gannon		<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 _____ Date 16 August 1999

Printed Name and Title Max Richtman, Executive Vice President 247

Nat'l Code to Preserve
Registrant Name: Social Security & Medicare Client Name: _____

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 BNK (one per page)

16. Specific lobbying issues

H.R. 833

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

U.S. House of Representatives

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

Name	Covered Official Position (if applicable)	New
Martha McSteen		<input type="checkbox"/>
Max Richtman		<input type="checkbox"/>
Lisa Davis		<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 _____ Date 16 August 1999

Printed Name and Title Max Richtman, Executive Vice President

347

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

- H.R. 10
- H.R. 1111
- H.R. 1834
- S. 6
- S. 472
- S. 573
- S. 800

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

U.S. House of Representatives
 United States Senate

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

Name	Covered Official Position (if applicable)	New
Martha McSteen		<input type="checkbox"/>
Max Richtman		<input type="checkbox"/>
Lisa Davis		<input type="checkbox"/>
Lee Goldberg		<input checked="" type="checkbox"/>
Cheryl Cannon		<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 _____ Date 16 August 1999

Printed Name and Title Max Richtman, Executive Vice President

Nat'l Oute to Preserve

Registrant Name Social Security & Medicare Client Name _____

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

16. Specific lobbying issues

R.R. 2356
H.R. 491
H.R. 664
Breaux/Thomas Proposal

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

U.S. House of Representatives
United States Senate
Medicare Commission

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

Name	Covered Official Position (if applicable)	New
Martha McSteen		<input type="checkbox"/>
Max Richtman		<input type="checkbox"/>
Diane Jones		<input type="checkbox"/>
Scott Frey		<input type="checkbox"/>
Cheryl Gannon		<input type="checkbox"/>
Lloyd Duxbury		<input type="checkbox"/>
Lee Goldberg		<input checked="" type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date 16 August 1999

Printed Name and Title Max Richtman, Executive Vice President

Nat'l Cnte to Preserve
Registrant Name Social Security & Medicare Client Name _____

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

16. Specific lobbying issues

H.R. 1422
H.R. 1102
H.R. 773
S. 1300
S. 593
Older Americans Act
H.Res. 93
S. 960

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

U.S. House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)	New
Martha McSteen		<input type="checkbox"/>
Max Richtman		<input type="checkbox"/>
Cheryl Gannon		<input type="checkbox"/>
Scott Frey		<input type="checkbox"/>
Diane Jones		<input type="checkbox"/>
Lee Goldberg		<input checked="" type="checkbox"/>
Lisa Davis		<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 _____ Date 16 August 1999

Printed Name and Title Max Richtman, Executive Vice President

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

Lloyd Duxbury
 Diane Jones

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: *Max Richtman* Date: 16 August 1999
 Printed Name and Title: MAX RICHTMAN, Executive Vice President