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## LOBBYING REPORT

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

1. Registrant Name Susan J. White & Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1020 North Fairfax St. #202 Alexandria, Virginia 22314			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Susan J. White	Telephone (703) 683-2573	E-mail (optional) susan.j.white@verizon.net	5. Senate ID # 41181
7. Client Name <input type="checkbox"/> Self California Healthcare Association			6. House ID # 32401

**TYPE OF REPORT** 8. Year 2004 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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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>20,000.00</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><b>EXPENSES</b> 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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p>

Signature \_\_\_\_\_

Printed Name and Title

Susan J. White, President



Registrant Name Susan J. White & Associates, Inc. Client Name California Healthcare Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the re engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicaid Disproportionate Share Hospital program  
Other Medicaid of health care issues as they arise

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

House of Representatives  
Senate  
White House  
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)
Susan J. White	None

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

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

Printed Name and Title Susan J. White, President



Registrant Name Susan J. White and Associates, Inc. Client Name California Health Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the re engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Other Medicaid issues as they arise.

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

House of Representatives  
Senate  
White House  
Department 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)
Susan White	None

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

Signature *Susan J. White* Date 8-3-04

Printed Name and Title Susan J. White, President

