

**LOBBYING REPORT**

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

|                                                                                                                                |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. Registrant Name<br><b>Susan J. White &amp; Associates, Inc.</b>                                                             |                                    |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>1020 North Fairfax Street, Suite 202</b> |                                    |
| 3. Principal Place of Business (if different from line 2)<br>City: <b>Alexandria</b> State/Zip (or Country) <b>VA 22314</b>    |                                    |
| 4. Contact Name<br><b>Susan J. White</b>                                                                                       | Telephone<br><b>(703) 683-2573</b> |
| E-mail (optional)                                                                                                              |                                    |
| 5. Senate ID #<br><b>41181-24</b>                                                                                              |                                    |
| 7. Client Name <input type="checkbox"/> Self<br><b>Los Angeles County, CA</b>                                                  |                                    |
| 6. House ID #<br><b>32401002</b>                                                                                               |                                    |

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><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>80,000</u><br/> <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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____<br/> <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"/> 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 **Susan J. White, President**

Registrant Name Susan J. White & Associates, Inc. Client Name Los Angeles County, CA

**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 MMM (one per page)

16. Specific lobbying issues

1. Disproportionate Share Hospital Programs and restrictions under OBRA
2. Issues affecting the County's 1115 waiver and its extension
3. Medicaid enrollment and CHIP programs
4. Medicaid coverage for the disabled
5. CHIP funds expenditures issues
6. Medicaid rules and the Upper Payment Limit changes

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

House  
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) | New                      |
|----------------|-------------------------------------------|--------------------------|
| Susan J. White | None                                      | <input type="checkbox"/> |
|                |                                           | <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 \_\_\_\_\_ Date 8/3/00

Printed Name and Title Susan J. White, President

Registrant Name Susan J. White & Associates, Inc. Client Name Los Angeles County, CA

**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 100 (one per page)

16. Specific lobbying issues

1. Labor force restructuring especially as it affects a 1115 Waiver--retraining and restructuring in the County Health Department

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

House  
Senate  
White House  
Dept. of Labor  
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) | Yes                      |
|----------------|-------------------------------------------|--------------------------|
| Susan J. White | None                                      | <input type="checkbox"/> |
|                |                                           | <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 \_\_\_\_\_ Date 8/3/00

Printed Name and Title Susan J. White, President

Registrant Name Susan J. White & Associates, Inc. Client Name Los Angeles County, CA

**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

1. Reauthorization of Ryan White CARE Act in House and Senate
2. Safety Net Initiative especially the Community Access Program
3. Mental health issues including parity, coverage
4. Funding/appropriations for immunization programs
5. School based health services
6. Issues affecting 'sole source' funding and mental health programs
7. TB programs and funding

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

House  
Senate  
White House  
Dept. of Health and Human Services

8. Cervical and breast cancer programs  Check if None

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

| Name           | Covered Official Position (if applicable) | New                      |
|----------------|-------------------------------------------|--------------------------|
| Susan J. White | None                                      | <input type="checkbox"/> |
|                |                                           | <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 *Susan J. White* Date 8/3/00  
 Printed Name and Title Susan J. White, President