

99 NOV -2 PM 1:27

H.D.

# LOBBYING REPORT

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

|                                                                                                                                          |                                  |                                          |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|----------------------------------|
| 1. Registrant Name<br><b>ALBERTINE ENTERPRISES, Inc.</b>                                                                                 |                                  |                                          |                                  |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>1156 15th ST N.W. #505, Washington, D.C. 20005</b> |                                  |                                          |                                  |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country): _____                                   |                                  |                                          |                                  |
| 4. Contact Name<br><b>Jim ALBERTINE</b>                                                                                                  | Telephone<br><b>202-659-2979</b> | E-mail (optional)<br><b>jalbert@agt-</b> | 5. Senate ID #<br><b>795-137</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>SMS Corporation</b>                                                                   |                                  |                                          | 6. House ID #<br><b>31607005</b> |

TYPE OF REPORT 8. Year **1998** 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 ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>12. Lobbying Firms</b><br>INCOME relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input checked="" type="checkbox"/> <b>16,500.00</b><br>Income (nearest \$20,000)<br>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). | <b>13. Organizations</b><br>EXPENSES relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> <b>5</b><br>Expenses (nearest \$20,000)<br><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only<br><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature **James J. Albertine**

Printed Name and Title **JAMES J. ALBERTINE, PRESIDENT**

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Registrant Name Albertine Enterprises, Inc. Client Name SM Security Corporation

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

HEALTH CARE PATIENT BILL OF RIGHTS

PDA ISSUES

Privacy

Administrative Simplification

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

HOUSE

SENATE

HHS (H.F.C.A.)

VA

Commerce

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

| Name                 | Covered Official Position (if applicable) | New                      |
|----------------------|-------------------------------------------|--------------------------|
| <u>JIM ALBERTINE</u> |                                           | <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

James J. Albertine

Date

11-02-99

Printed Name and Title

JAMES J. ALBERTINE, President

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Registrant Name: Albertine Enterprises, Inc. Client Name: SMS Health Care

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

MEDICAL Device Regulation - FDA  
Information Systems Regulation  
Administrative Simplification

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

HOUSE  
SENATE  
HHS (H FCA)

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

| Name                 | Covered Official Position (if applicable) | New                      |
|----------------------|-------------------------------------------|--------------------------|
| <u>Jim Albertine</u> |                                           | <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

James J. Albertine

Date

11-02  
11-99

Printed Name and Title

JAMES J. ALBERTINE, President

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Registrant Name Albertine Enterprises, Inc. Client Name S.M.S. Corp.

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

Information Service Technology IN USE  
THROUGHOUT THE GOVERNMENT  
Budget Issues  
DOD ; VA Issues

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

HOUSE  
SENATE  
DOD  
VA

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

| Name          | Covered Official Position (if applicable) | New                      |
|---------------|-------------------------------------------|--------------------------|
| Jim Albertine |                                           | <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

James J. Albertine

Date

11-02

5-99

Printed Name and Title

JAMES J. ALBERTINE, Pres

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