

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

00 AUG 14 PM 2:07

LOBBYING REPORT

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

| | | | | |
|---|--|---------------------------|---|----------------|
| 1. Registrant Name National Rural Health Association | | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1320 19th St, N.W., Suite 350 Washington, DC 20036 | | | | |
| 3. Principal Place of Business (if different from line 2) City: Kansas City State/Zip (or Country) Missouri 64111 | | | | |
| 4. Contact Name Julie Slocum | | Telephone 202-232-6200 | E-mail (optional) slocum@nrharural.org | 5. Senate ID # |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | | 6. House ID # |

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

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000) | \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>120,000</u> Expenses (nearest \$20,000) |
| 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). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature

Donna M. Williams

Printed Name and Title

Donna M. Williams, Executive Vice President

LD-2 (REV. 6/98)

PAGE 1 of 1

Registrant Name Natl Rural Health Assoc 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 BUD (one per page)

16. Specific lobbying issues

FY 2001 Labor-HHS-Education Appropriations Bills -- Health-related programs

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

Check if None

House of Representatives

U.S. Senate

Executive Office of the President

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

| Name | Covered Official Position (if applicable) | New |
|------------------|---|-------------------------------------|
| Darin E. Johnson | | <input type="checkbox"/> |
| Linda Rouse | | <input type="checkbox"/> |
| Julie Stocum | Legislative Assistant, Rep C. Stenholm | <input checked="" type="checkbox"/> |
| Eli Briggs | | <input checked="" 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 Donna M. Williams Date 8-14-00

Printed Name and Title Donna M. Williams, Executive Vice President

Registrant Name Natl Rural Health Assoc 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 MMM (one per page)

16. Specific lobbying issues

Balanced Budget Act of 1997 Provider Relief Legislation - Health programs
Balanced Budget Refinement Act of 1999 Technical Corrections
S. 980, Promoting Health in Rural Areas Act of 1999
H.R. 1344, Triple-A Rural Health Improvement Act

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

U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. 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 |
|---------------|---|-------------------------------------|
| Darin Johnson | | <input type="checkbox"/> |
| Linda Rouse | | <input type="checkbox"/> |
| Julie Stocum | Legislative Assistant, Rep C. Stenholm | <input checked="" type="checkbox"/> |
| Eli Briggs | | <input checked="" 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 Donna M. Williams Date 8-14-00
Printed Name and Title Donna M. Williams, Executive Vice President

Registrant Name Natl Rural Health Assoc 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 HCR (one per page)

16. Specific lobbying issues

S. 980, Promoting Health in Rural Areas Act of 1999, all provisions
H.R. 1344, Triple-A Rural Health Improvement Act of 1999, all provisions
Balanced Budget Act of 1997 Relief Legislation - Health programs
Balanced Budget Refinement Act of 1999 Technical Corrections
National Health Service Corps (NHSC) Reauthorization Legislation

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. House of Representatives
U.S. Senate
Executive Office of the President
U.S. 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 |
|---------------|---|-------------------------------------|
| Darin Johnson | | <input type="checkbox"/> |
| Linda Rouse | | <input type="checkbox"/> |
| Julie Stocum | Legislative Asst, Rep Charles Stenholm | <input checked="" type="checkbox"/> |
| Eli Briggs | | <input checked="" 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 Donna M. Williams Date 8-14-00
Printed Name and Title Donna M. Williams, Executive Vice President

Registrant Name Natl Rural Health Assoc Client Name _____

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

Darin E. Johnson
Linda Rouse

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 Donna M. Williams Date 8-14-00

Printed Name and Title Donna M. Williams, Executive Vice President