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**LOBBYING REPORT**

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

1. Registrant Name <b>C. KENNETH PROEFROCK</b>	
2. Address <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 194</b>	
3. Principal Place of Business (if different from line 2) City: <b>PAWLEYS ISLAND SC</b> State/Zip for Country: <b>SC 29585</b>	
4. Contact Name <b>C.K. PROEFROCK</b>	5. Senate ID # <b>51491-12</b>
Telephone <b>843-237-1082</b>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <b>TUSNEGEE AREA HEALTH EDUCATION CENTER</b>	6. House ID # <b>34800000</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 checked="" 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><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"/> \$ _____  <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 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>
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Signature C. Kenneth Proefrock

Printed Name and Title C. KENNETH PROEFROCK, Pres. ICPA ASSOCIATES

LD-2 (REV. 6-99)

PAGE 1 of 1

Registrant Name C. KENNETH PROEBROCK Client Name JUSKEGEE AREA HEALTH EDUCATION CENTER

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.

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

16. Specific lobbying issues  
PHS ACT, TITLE VII AND AMENDMENTS  
DHHS BUDGET

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

U.S. HOUSE OF REP.  
SENATE  
DHHS

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

Name	Covered Official Position (if applicable)	New
<u>C. KENNETH PROEBROCK</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 *C. Kenneth Proebrock* Date 3/15/01  
Printed Name and Title C. KENNETH PROEBROCK, PRES. KPA ASSOCIATES

Registrant Name C. KENNETH PROFFROCK Client Name TUSKEGEE AREA HEALTH EDUCATION CENTER

**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

**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 C. Kenneth Proffrock Date 3/15/01  
Printed Name and Title C. KENNETH PROFFROCK, PRES. ICPA ASSOCIATES