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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 # 4111
7. Client Name <input type="checkbox"/> Self Santa Barbara Regional Health Authority			6. House ID # 3240

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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	
<p align="center">12. Lobbying Firms</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"/> ⇨ \$ _____ 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 align="center">13. Organizations</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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: Internal Revenue Code</p> <p><input type="checkbox"/> Method C. 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 Santa Barbara Regional Health Authority

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

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

16. Specific lobbying issues

- 1. Medicaid Managed Care regulations and federal administrative policy
- 2. Efforts to increase Disproportionate Share Hospital (DSH) payments to replace cuts
- 4. Medicare +Choice especially efforts to increase provider payments and restructure the current program
- 5. All Medicare prescription drug proposals for options on Medicaid too

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

Signature _____ Date 2-12-05

Printed Name and Title Susan J. White, President

Registrant Name Susan J. White & Associates, Inc. Client Name Santa Barbara Regional Health Authority

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

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

16. Specific lobbying issues

1. Bioterrorism legislation with opportunities for health related proposals

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 _____ Date 2-12-05

Printed Name and Title Susan J. White, President

Registrant Name Susan J. White & Associates, Inc. Client Name Santa Barbara Regional Health Authority

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

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

16. Specific lobbying issues

1. Bioterrorism legislation with affecting health care providers and states

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 2-12-05

Printed Name and Title Susan J. White, President

