

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

SECRET
04 AUG 1 2004

LOBBYING REPORT

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

| | | | |
|---|---|---------------------------------|----------------|
| 1. Registrant Name | | | |
| David J. Aho | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Healthcare Alliance; 900 North Shore Drive, Suite 250 | | | |
| 3. Principal Place of Business (if different from line 2) | | | |
| City: Lake Bluff | | State/zip (or Country) IL 60044 | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| David J. Aho | 847-615-1173 | hlthalianc@aol.com | |
| 7. Client Name <input type="checkbox"/> Self | Coalition of Hospitals Against A Provider Tax (CHAMP) | | 6. House ID # |
| | | | 300120 |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-

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

| 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 checked="" 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 type="checkbox"/> => \$ _____ 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 accounting method. See instructions for description of methods. |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definition |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code |

Signature

David J. Aho

Date

8/07/04

Printed Name and Title DAVID J. AHO, ATTORNEY

Registrant Name David J. Aho Client Name Coalition Against Hospital Provider Tax (CHAMP)

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

None

21. Client new principal place of business (if different from line 20)

City None

State/Zip (or Country)

22. New general description of client's business or activities

None

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

None

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

None

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of (city and state or |
|------|---------|---------------------------------------|
| None | | |

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 |
|------|---------|---|--|
| None | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant or affiliated organization

Signature *David J. Aho* Date 8/07/04

Printed Name and Title DAVID J. AHO ATTORNEY
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Registrant Name David J. Aho Client Name Coalition Against Hospital Provider Tax (CHAMP)

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

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

16. Specific lobbying issues

Oppose Medicaid Waiver For Hospital Provider Tax

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

House of Representatives
Senate
Health and Human Services

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

| Name | Covered Official Position (if applicable) |
|----------------|---|
| David J. Aho | N/A |
| Charles Vaughn | N/A |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature *David J. Aho* Date 8/07/04

Printed Name and Title DAVID J. AHO, ATTORNEY

