

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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

SECRETARY OF THE SENATE
60 JAN 22 PM 2:08

H.D.

LOBBYING REPORT

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

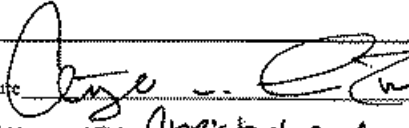
1. Registrant Name Business and Professional Women / USA			
2. Address <input type="checkbox"/> Check if different than previously reported 2012 Massachusetts Ave.			
3. Principal Place of Business (if different from line 2) City: Washington D.C. State/Zip (or Country) 20036			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

TYPE OF REPORT 8. Year _____ 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 INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) 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 
Printed Name and Title **Christopher M. Turman, Director of Public Policy**

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PAGE 1 of 11

Registrant Name BPW/USA 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

Medicare
Managed Care

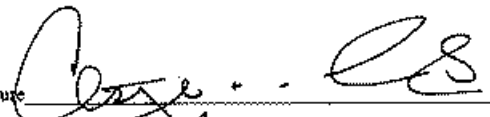
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)	None
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Marcella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Spriggs</u>	<u>N/A</u>	<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  Date 6/20/00
Printed Name and Title Christopher M. Turman, Director of Public Policy

Registrant Name BPW/USA 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 B0D (one per page)

16. Specific lobbying issues

Small business
Pension reform

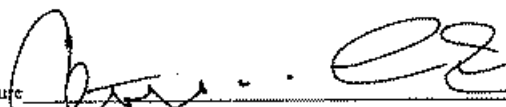
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Small Business Administration

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

Name	Covered Official Position (if applicable)	New
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Marcella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Spriggs</u>	<u>N/A</u>	<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  Date 4/20/00
Printed Name and Title Christopher M. Turman, Director of Public Policy

Registrant Name BPW/USA 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 CIV (one per page)

16. Specific lobbying issues

Affirmative Action
Equal Rights Amendment

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

U.S. House of Rep
U.S. Senate

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

Name	Covered Official Position (if applicable)	None
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Marcella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Spriggs</u>	<u>N/A</u>	<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 [Signature] Date 6/20/00
Printed Name and Title Christopher M. Turman, Director of Public Policy

Registrant Name BPW USA 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 UBR (one per page)

16. Specific lobbying issues

Pay equity Sound Security
Minimum Wage Increase Reform
Pension Reform

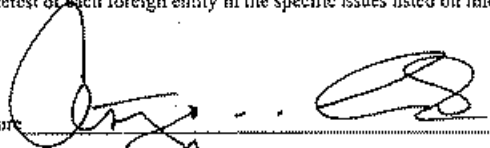
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Rep's
U.S. Senate
U.S. Department of Labor

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

Name	Covered Official Position (if applicable)	New
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Marcella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Springs</u>	<u>N/A</u>	<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  Date 6/20/00
Printed Name and Title Christopher M. TURMAN, Director of Public Policy
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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

Medicare


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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Manella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melaine Spriggs</u>	<u>N/A</u>	<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  Date 6/20/00
Printed Name and Title Christopher M. Turman, Director of Public Policy

Registrant Name BLW/USA 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 SMB (one per page)

16. Specific lobbying issues

Small Business
Pension reform for small business

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

U.S. House of Rep's
U.S. Senate
Small Business Administration

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

Name	Covered Official Position (if applicable)	New
<u>Christopher Turman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Manella Wilding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Spriggs</u>	<u>N/A</u>	<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 [Signature] Date 6/20/00
Printed Name and Title Christopher M. Turman, Director of Public Policy

Registrant Name BW/USA 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 RET (one per page)

16. Specific lobbying issues

Social Security Reform
Pension reform
Pay Equity

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

U.S. House of Rep's
U.S. Senate
U.S. Department of Labor

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

Name	Covered Official Position (if applicable)	New
Christopher Torman	N/A	<input type="checkbox"/>
Manella Wilding	N/A	<input type="checkbox"/>
Melanie Spriggs	N/A	<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 [Signature] Date 6/20/00
Printed Name and Title Christopher M. Torman, Director of Public Policy

Registrant Name BWUSA 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 FAM (one per page)

16. Specific lobbying issues

FMUA
Reproductive Rights

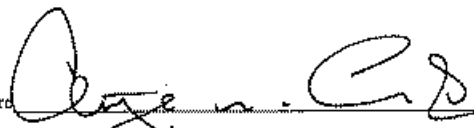
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Rep's
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
<u>Christopher Toman</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Marcella Walding</u>	<u>N/A</u>	<input type="checkbox"/>
<u>Melanie Spriggs</u>	<u>N/A</u>	<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  Date 6/20/00
Printed Name and Title Christopher M. Toman, Director of Public Policy
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Registrant Name BPW/USA Client Name _____

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

20. Client new address

21. Client's 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

Marcella Wilding
Christopher M. TURNER
Melanie Spragg

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)

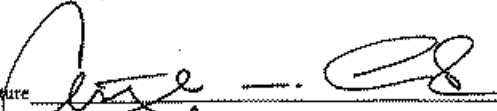
26. Name of each previously reported organization that is no longer affiliated with the registrant or client

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  Date 6/20/00
Printed Name and Title Christopher M. Turner, Director of Public Policy
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