

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

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

00 FEB 11 PM 2:35

## LOBBYING REPORT

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

1. Registrant Name <b>American Orthotic and Prosthetic Association</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1650 King Street, Suite 500, Alexandria, VA 22314</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <b>Martha L. Rinker</b>	Telephone <b>703/836-7166</b>	E-mail (optional) <b>Mrinker@aopanet.org</b>	5. Senate ID # <b>3003-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>3053900</b>

TYPE OF REPORT 8. Year 1999 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 ☐

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<b>12. Lobbying Firms</b> 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).	<b>13. Organizations</b> EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ <u>100,000</u> Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input 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 Martha L. Rinker, Director of Government Relations

LD-2 (REV. 6/98)

PAGE 1 of 5

Registrant Name American Orthotic and Prosthetic Association Client Name Self

**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

Legislation and regulation which may affect the practice and/or industry of orthotics and/or prosthetics. These issues include health insurance reform, managed care, healthcare fraud and abuse, and FDA reform.

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

Senate and House of Representatives

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

Name	Covered Official Position (if applicable)	New
Martha L. Rinker	Director of Government Relations	<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  Date 07/16/2000

Printed Name and Title Martha L. Rinker, Director of Government Relations

Registrant Name American Orthotic and Prosthetic Association Client Name Self

**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

Legislation and regulation which may affect the practice and/or industry of orthotics and/or prosthetics. These issues include supplier standards, PPS, surety bonds, and fraud and abuse.

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

☐ Check if None

Senate and House of Representatives  
Department of Health and Human Services/HCFR

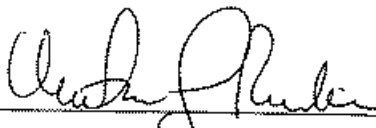
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Martha L. Rinker	Director of Government Relations	<input type="checkbox"/>
Robert Van Hook	Executive Director	<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 2/16/00

Printed Name and Title Martha L. Rinker, Director of Government Relations

Form LD-2 (Rev. 6/98)

Page 3 of 5

Registrant Name American Orthotic and Prosthetic Association Client Name Self

**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 VET (one per page)

16. Specific lobbying issues

Veterans health care issues.

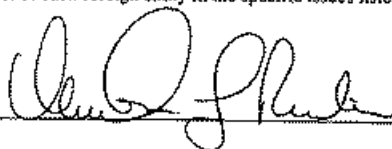
17. House(s) of Congress and Federal agencies contacted ☒ Check if None

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

Name	Covered Official Position (if applicable)	New
Martha L. Rinker	Director of Government Relations	<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



Date

2/10/00

Printed Name and Title Martha L. Rinker, Director of Government Relations

Form LD-2 (Rev. 6/98)

Page 4 of 5