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LOBBYING REPORT

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

1. Registrant Name COONEY & ASSOCIATES, INC.	
2. Address <input type="checkbox"/> Check if different than previously reported 3910 KELLER AVENUE	
3. Principal Place of Business (if different from line 2) City: ALEXANDRIA State/Zip (or Country) VA	
4. Contact Name PATRICK COONEY	5. Senate ID # 51104-12
Telephone (703)933-0020	E-mail (optional)
7. Client Name <input type="checkbox"/> Self AMER. PHYSICAL THERAPY ASSOC.	6. House ID # 34751000

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>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> <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>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"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. 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)(5) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Patrick Cooney 8/14/2000

Printed Name and Title PATRICK COONEY, PRESIDENT

Registrant Name COONEY & ASSOC., INC Client Name AMER. PHYSICAL THERAPY

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 IMM (one per page)

16. Specific lobbying issues
H-1B VISA LEGISLATION -- S. 2045, H.R. 4727

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

HOUSE
SENATE
DEPARTMENTS OF JUSTICE & LABOR

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

Name	Covered Official Position (if applicable)	New
<u>PATRICK COONEY</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 Patrick Cooney Date 8/14/2000
Printed Name and Title PATRICK COONEY, PRESIDENT

Registrant Name COONEY + ASSOC., INC. Client Name AMER. PHYSICAL THERAPY ASSOC.

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 HR (one per page)

16. Specific lobbying issues:

MANAGED CARE LEGISLATION - S.1344, H.R. 2690, H.R. 2703
APPROPRIATIONS - HEALTH/LABOR/EDUCATION FOR FY2001

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

HOUSE

SENATE

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Name	Covered Official Position (if applicable)	New
<u>PATRICK COONEY</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: *Patrick Cooney* Date 8/14/2000

Printed Name and Title PATRICK COONEY, PRESIDENT

Registrant Name COONEY + ASSOCIATES Client Name AMER. PHYSICAL THERAPY ASSOC

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 MMAN (one per page)

16. Specific lobbying issues

MEDICARE LEGISLATION

STARK II LEGISLATION - H.R. 2560, H.R. 2561

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

HOUSE

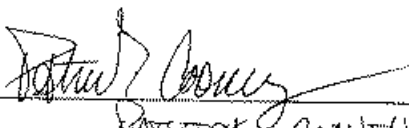
SENATE

DEPARTMENT OF HEALTH + HUMAN SERVICES

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

Name	Covered Official Position (if applicable)	New
<u>PATRICK COONEY</u>		<input type="checkbox"/>
		<input type="checkbox"/>
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		<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 8/14/2000
Printed Name and Title PATRICK COONEY, PRESIDENT

Registrant Name COONEY ASSOC. INC. Client Name AMER. PHYSICAL THERAPY ASSOC.

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 CBR (one per page)

16. Specific lobbying issues

ANTI-TRUST LEGISLATION - H.R. 1304

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

HOUSE


SENATE

U.S. DEPARTMENT OF LABOR, DEPARTMENT OF JUSTICE.

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
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		<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 8/14/2000
Printed Name and Title PATRICK CONNEY, PRESIDENT