

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

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LOBBYING REPORT

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

| | | | |
|---|--|--|-----------------------------------|
| 1. Registrant Name Cauthen and Associates | | | |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 825 Cauthen Dr. City Montgomery State/Zip (or Country) AL 36105 | | | |
| 3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name Telephone E-mail (optional) Harvey E. Cauthen, Jr. (334) 264-1155 | | | 5. Senate ID # 8500-277 |
| 7. Client Name <input type="checkbox"/> Self American Health Care Association | | | 6. House ID # 31320-019 |

TYPE OF REPORT 8. Year 2003 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

| 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 type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> 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 reporting accounting method. See instructions for description of method. |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definition |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033(e) of the Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature _____ Date 8/14/2003

Printed Name and Title David O. Dardis - Attorney Page _____

Registrant Name: Cauthen and Associates

Client Name: American Health Care Association

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 BUD (one per page)

16. Specific Lobbying issues

Medicare funding and reform issues including: cliff payments, add backs, and prescription drugs.

H.R.1, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and prescription drugs.

H.R. 5, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and prescription drugs.

S. 1, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and p drugs.

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

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

| Name | Covered Official Position (if applicable) |
|--------------------------------|---|
| Cauthen, Jr., Harvey E. | |
| Levine, Jeffrey | |
| Williams, Zachary | |
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| | |
| | |

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

Signature _____ Date 8/14/2003

Printed Name and Title David O. Dardis - Attorney Page

Registrant Name: Cauthen and Associates

Client Name: American Health Care Association

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 funding and reform issues including: cliff payments, add backs, and prescription drugs.

H.R.1, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and prescription drugs.

H.R. 5, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and prescription drugs.

S. 1, all provisions relating to Medicare funding and reform issues including: cliff payments, add backs and p drugs.

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

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

| Name | Covered Official Position (if applicable) |
|--------------------------------|---|
| Cauthen, Jr., Harvey E. | |
| Levine, Jeffrey | |
| Williams, Zachary | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date 8/14/2003

Printed Name and Title David O. Dardis - Attorney Page

Registrant Name: Cauthen and Associates

Client Name: American Health Care Association

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

20. Client new address

21. Client 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
Levine, Jeffrey

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 | (C) |
|------|---------|--|---|-----|
| | | | | |

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

Signature  Date 8/14/2003

Printed Name and Title David O. Dardis - Attorney Page