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## LOBBYING REPORT

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

1. Registrant Name <u>Dick J. Batchelor</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>201 South Orange Ave., Ste. 960, Orl. FL 32801</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Dick J. Batchelor</u>	Telephone <u>407/841-4311</u>	E-mail (optional) <u>dbmg@atlantic.net</u>	5. Senate ID # <u>36</u> <u>5552-<del>1</del></u>
7. Client Name <input checked="" type="checkbox"/> Self <u>Florida Hospital</u>			6. House ID # _____

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 checked="" type="checkbox"/> $\Rightarrow$ \$ <u>40,000</u> 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"/> $\Rightarrow$ \$ _____ 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 Dick J. Batchelor 2/11/00  
Printed Name and Title Dick J. Batchelor, President  
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Registrant Name Dick J. Batchelor Client Name Florida Hospital

**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 (non-profit language)  
Medicaid

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

☐ Check if None

U.S. House of Reps.  
U.S. Senate  
Health Care Finance Admin.

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

Name	Covered Official Position (if applicable)	Yes
Dick J. Batchelor		<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

2-11-00

Printed Name and Title

Dick J. Batchelor

Form 1.1-2 (Rev. 6/98)

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