Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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

SECRETARY OF THE SENATE

04 AUG 16 PM 2: 34

## **LOBBYING REPORT**

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

1. Registrant Name  Cauthen Forbes & Williams		-		
2. Registrant Address	different than previously reported Ave., N.W. State/Zip (or Country)	10th Floor DC 20004	USA	
3. Principal Place of Business (if differe	nt from line 2)			
City	State/Zip (or Country)			
4. Contact Name  Harvey E. Cauthen, Jr.	Telephone E-n (334) 264-1155	ail (optional)		5. Senate ID # 284551-12
7. Client Name	ciation			6. House ID # 36886-000
10. Check if this is a Termination	Domant     \ \ Tormingto	on Data		11 No Lobbs
INCOME OR EXPEN			ne 13	11. No Lobby
	ISES - Complete Eith		ine 13	
INCOME OR EXPEN	ISES - Complete Eith	er Line 12 <b>OR</b> Li		tions
INCOME OR EXPEN  12. Lobbying a  INCOME relating to lobbying a	ISES - Complete Eith	er Line 12 <b>OR</b> Li	13. Organiza ating to lobbying activ	tions
INCOME OR EXPEN  12. Lobbying a period was:	ISES - Complete Eith	EXPENSES rel period were: Less than \$10,00	13. Organiza  ating to lobbying activ  00   =	otions  vities for this rep
INCOME OR EXPEN  12. Lobbying a period was:  Less than \$10,000 □  \$10,000 or more ⋈ >> \$  Provide a good faith estimate, ro	ISES - Complete Eith  ISES - Complete Eith	EXPENSES rel period were: Less than \$10,00 \$10,000 or more	13. Organiza  ating to lobbying activ	vities for this rep expenses (nearest \$2 k box to indicat
INCOME OR EXPEN  12. Lobbying a period was:  Less than \$10,000 □  \$10,000 or more ☒ >> \$  Provide a good faith estimate, ro \$20,000 of all lobbying related i (including all payments to the re	ISES - Complete Eith  g Firms  ctivities for this reporting  \$60,000.00  Income (nearest \$20,000)  unded to the nearest accome from the client gistrant by any other entity	EXPENSES rel period were: Less than \$10,00 \$10,000 or more  14. REPORTI accounting methods	13. Organiza  ating to lobbying activ  00      E  NG METHOD. Chec	vities for this rep Expenses (nearest \$2 k box to indicator description of
INCOME OR EXPEN  12. Lobbying a period was:  Less than \$10,000 □  \$10,000 or more ☒ >> \$  Provide a good faith estimate, ro \$20,000 of all lobbying related in	ISES - Complete Eith  g Firms  ctivities for this reporting  \$60,000.00  Income (nearest \$20,000)  unded to the nearest accome from the client gistrant by any other entity	EXPENSES rel period were: Less than \$10,00 \$10,000 or more  14. REPORTI accounting method A.	13. Organiza  ating to lobbying active  00	expenses (nearest \$2 bk box to indicate or description of sing LDA definition derivation 603

Data 8/16/2004

Signature		שמנד	<u>.</u>
Printed Name and Title	Zachary Williams - Partner	<del></del>	Pa

## 00000781247

Reg	istrant Name:	Cauthen Forbes & Williams	
Clie	nt Name:	American Health Care Association	<u> </u>
enga	aged in lobbyin		to reflect the general issue areas in which the registrant ag period. Using a separate page for each code, provide.
15.	General issue	area code <u>BUD</u> (one per page)	
16.	Medicare fur Medicare ref H.R. 1, all pr prescription H.R. 5, all pr S. 11, all pro	nding and reform issues including: cliff prom and provider payments ovisions relating to Medicare funding and drugs ovisions relating to Medical liability reforwisions	
17.	House(s) of C House of Rep Senate	Congress and Federal agencies contacted presentatives	□ Check if None
18.		n individual who acted as a lobbyist in this	
	Name		Covered Official Position (if applicable)
	Cauthen, Jr.	, Harvey E.	
	Forbes, Jeff		Minority Staff Director of Senate Finance Comm.
	Miller, Edwa	ard	
	Williams, Za	ichary	
	·"		
19.	Interest of ea	ch foreign entity in the specific issues listed	d on line 16 above 🔀 Check if None

8/16/2004

Signature		 Date	0,20,201	
Printed Name and Title	Zachary Williams - Partner			_ Pa

## 00000781248

Reg	istrant Name:	Cauthen Forbes & Williams	
Clie	nt Name:	American Health Care Association	<u>,</u>
enga	aged in lobbyin	•	to reflect the general issue areas in which the registrant ag period. Using a separate page for each code, provide
15.	General issue	area code MMM (one per page)	
16.	Medicare fur Medicare ref H.R. 1, all pr prescription H.R. 5, all pr S. 11, all pro	nding and reform issues including: cliff prome and provider payments ovisions relating to Medicare funding and drugs ovisions relating to Medical liability references relating to Medical liability references.	
17.	House(s) of C House of Rep Senate	Congress and Federal agencies contacted presentatives	☐ Check if None
18.	Name of each	individual who acted as a lobbyist in this	ssue area
	Name		Covered Official Position (if applicable)
	Cauthen, Jr.	, Harvey E.	
	Forbes, Jeff		Minority Staff Director of Senate Finance Comm.
	Miller, Edwa	ard	
	Williams, Za	chary	
-			
19.	Interest of eac	ch foreign entity in the specific issues listed	I on line 16 above 🔀 Check if None

Signature		Date .	UI A UI A UV T	
Printed Name and Title	Zachary Williams - Partner			Pa

Client Name: <u>American</u>	Health Care Association	<u></u>	
Information Update P	age - Complete ONLY whe	ere registration information has	changed.
20. Client new address	<del>,</del>		
21. Client new principal place of b	usiness (if different from line 20)		
City	State/Zip (or Country)		
22. New general description of clie			
LOBBYIST UPDATE			
	reported individual who is <b>n</b> o	o longer expected to act as a lobby	vist for the client
ISSUE UPDATE			
24. General lobbying issues	previously reported that no lo	nger pertain	
AFFILIATED ORGANIA 25. Add the following affilia			
Name		Address	Principal Place of Bi (city and state or co
26. Name of each previously	y reported organization that is	no longer affiliated with the regis	trant or client
FOREIGN ENTITIES	gn entities		
FOREIGN ENTITIES 27. Add the following foreign			Amount of contribution
	Address	Principal Place of Business (city and state or country)	for lobbying activities
27. Add the following foreig	Address		for loodying activities
27. Add the following foreig	Address		for foodying activities
27. Add the following foreig	Address		for foodying activities
27. Add the following foreig  Name  28. Name of each previously	y reported foreign entity that n		
27. Add the following foreig	y reported foreign entity that n	(city and state or country)	

Signature	MANNE	Date
	/	
Printed Name and Title	Zachary Williams - Partner	P