

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

SECRETARY OF THE SENATE

00 FEB 14 PM 2:54

H. O.

## LOBBYING REPORT

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

1. Registrant Name DAVID G. SHOULTZ			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 3801 NORTH 36 <sup>TH</sup> ROAD, ARLINGTON, VA 22209			
3. Principal Place of Business (if different from line 2) City: SAME AS LINE #2 State/Zip (or Country)			
4. Contact Name ROBERT BRITAIN		Telephone (703) 841-3241	E-mail (optional)
7. Client Name <input type="checkbox"/> Self NATIONAL ELECTRICAL MANUFACTURERS ASSN. (DIV. 9)		5. Senate ID # 50023-24	
		6. House ID # 34663001	

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b>	<b>13. Organizations</b>
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>20,000</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).	<b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.
	<input 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

*David G. Shultz*

2-12-00

Printed Name and Title

DAVID G. SHOULTZ

LD-2 (REV. 6/98)

PAGE 1 of 3

Registrant Name DAVID G SHOULTZ Client Name NAT'L ELECT. MANUF. ASSN. (DMA)

**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  
Food and Drug Administration Modernization (FDAMA) Implementation  
HHS/OIG Exclusion Rule

17. House(s) of Congress and Federal agencies contacted  Check if None  
UNITED STATES SENATE  
UNITED STATES HOUSE OF REPRESENTATIVES  
U.S. FOOD AND DRUG ADMINISTRATION

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

Name	Covered Official Position (if applicable)	New
<u>DAVID G. SHOULTZ</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 *David G Shoultz* Date 2-12-00  
Printed Name and Title DAVID G. SHOULTZ

Registrant Name DAVID G. SHOULTZ Client Name NAT'L ELECT. MANUF. ASSN (DIN 9)

**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 Reimbursement Issues  
Medicare Coverage Issues

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

UNITED STATES SENATE  
UNITED STATES HOUSE OF REPRESENTATIVES  
HEALTH CARE FINANCE ADMINISTRATION

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

Name	Covered Official Position (if applicable)	Dev
<u>DAVID G. SHOULTZ</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"/>
		<input type="checkbox"/>

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

Signature *David G. Shultz*

Date 2-12-00

Printed Name and Title DAVID G. SHOULTZ