

LOBBYING REPORT

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

1. Registrant Name <u>United Seniors Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>3900 Germantown Road #450</u>			
3. Principal Place of Business (if different from line 2) City: <u>Fairfax</u> State/Zip (or Country) <u>VA 22030</u>			
4. Contact Name <u>Ronald Smith</u>	Telephone <u>202-454-5209</u>	E-mail (optional) <u>unitedseniors@comcast.net</u>	5. Senate ID # <u>59274-12</u>
7. Client Name <input type="checkbox"/> Self	6. House ID # <u>32477000</u>		

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

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> => \$ _____ <small>Income Threshold \$20,000</small> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> => \$ <u>221,547.13</u> <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. 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
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Signature _____

Printed Name and Title Charles Jarvis President/CEO

Registrant Name Ch. Fred Samuels Inc Client Name _____

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 Tax (one per page)

16. Specific lobbying issues

*Tax reform
Estate tax
Capital Gains Tax
Sec. Sec. Benef. tax*

Marginal Tax Reduction

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

House/Senate

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

Name	Covered Official Position (if applicable)	New
<i>Ren Smith</i>		<input type="checkbox"/>
<i>Mary Maloney</i>		<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 *Charles W. Jankovic* Date _____
Printed Name and Title Charles Jankovic President/CEO

Registrant Name: Un. Fed. Seniors Act Client Name: _____

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 RET (one per page)

16. Specific lobbying issues
Social Security Preservation Act
Social Security/lock box
Eliminate Soc. Sec. Benefits tax
Individual Retirement Accounts
Pension/Savings Reform

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

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
<i>Ross Smith</i>		<input type="checkbox"/>
<i>Mary McNamee</i>		<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: *Charles J. Jacir* Date: _____
Printed Name and Title: Charles Jacir President/CEO

Registrant Name United Seniors Ass Client Name _____

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

*Long-term care
Private Contracting
Medical Savings Accounts
Eggs and Access to health insurance*

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

House/Senate

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

Name	Covered Official Position (if applicable)	New
<i>Ron Smith</i>		<input type="checkbox"/>
<i>Mary Mahoney</i>		<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 *Charles W. [unclear]* Date _____
Printed Name and Title *Charles [unclear] President/CEO*

Registrant Name: United Seniors Act Client Name: _____

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 MM (one per page)

16. Specific lobbying issues
Medicare Reform
Prescription Drug
Lock box
Medicare buyin

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

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

Name	Current Official Position (if applicable)	New
<i>Ken Smith</i>		<input type="checkbox"/>
<i>Mary Mahoney</i>		<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: *Charles Davis* Date: _____
Printed Name and Title: *Charles Davis, President/CEO*

Registrant Name _____ Client Name _____

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

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	Ownership percentage in client

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

Signature Charles Davis Date _____
Printed Name and Title Charles Davis President/CEO