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| 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 |
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SECRETAR
06 MAR -

LOBBYING REPORT

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

| | | | |
|--|--|------------------------------------|----------------------------------|
| 1. Registrant name American Dental Association | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1111 14th Street, NW, Suite 1100 Washington DC 20005 USA | | | |
| 3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____ | | | |
| 4a. Contact Name Ms. Cindy J. Simms | b. Telephone number 202-898-2400 | c. E-mail simmsc@ada.org | 5. Senate ID # 2228-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self American Dental Association | | | 6. House ID # 31024000 |

TYPE OF REPORT 8. Year 2005 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 Activities

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 | |
|--|---|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>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).</p> | <p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>220,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p> |

Senate Password  

Signature Cindy J Simms

Digitally signed by Cindy J Simms
DN: CN = Cindy J Simms, C = US, O = DST AGES Business Representative, OU = AGES TrustID Business Certificate
Date: 2006.03.01 13:57:38 -0500

Date 3/1/2006

Printed Name and Title Cindy J. Simms

0000122978



Registrant Name American Dental Association

Client Name American Dental Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code.** information as requested. Attach additional page(s) as needed.

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

HR 1380 Higher Education Affordability and Equity Act of 2005
HR 2361 FY 2006 Interior Appropriations
HR 3010, FY 2006 Labor, Health and Human Services & Education Appropriations Bill
HR 609 Higher Education Act
HR 3161 Medicare Medically Necessary Dental Care Act of 2005

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

Bureau of Indian Affairs
Centers for Disease Control & Prevention
Department of Health & Human Services
Department of Labor
Department Of Veterans Affairs
Environmental Protection Agency

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

| Name | | | Covered Official Position (if applicable) |
|---------|----------|------|---|
| Frank | Kyle | Dr. | |
| Robert | Burns | Mr. | |
| Dorothy | Moss | Ms. | |
| William | Prentice | Mr. | |
| Julie | Allen | Ms. | |
| Judy | Sherman | Mrs. | |
| Thomas | Spangler | Mr. | |
| Michael | Graham | Mr. | |

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

Signature _____ Date 3/1/2006

Printed Name and Title Cindy J. Simms

1000122979

Registrant Name American Dental Association Client Name American Dental Association

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

20. Client new address

21. Client new principal place of business (if different than line 20)

City State/Zip

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 that **no longer** pertain

HCR

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 | Owns per cent client |
|------|---------|---|--|----------------------|
| | | | | |

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

Signature _____ Date 3/1/2006

Printed Name and Title Cindy J. Simms

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