

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 AUG 14 PM 3:45

LOBBYING REPORT

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

1. Registrant Name <i>United Seniors Association, Inc</i>	
2. Address <input type="checkbox"/> Check if different than previously reported <i>3900 Germantown Road #450</i>	
3. Principal Place of Business (if different from line 2) City: <i>Fairfax</i> State/Zip (or County): <i>VA 22030</i>	
4. Contact Name: <i>Ronald E Smith</i>	5. Senate ID # <i>39234-12</i>
Telephone: <i>202-454-5209</i>	6. House ID # <i>32477000</i>
7. Client Name: <input type="checkbox"/> Self	

TYPE OF REPORT 8. Year _____ 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	
<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 checked="" type="checkbox"/> → \$ _____ <small>Income cannot exceed \$20,000.</small></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"/> → \$ <i>163,398</i> <small>Expenses cannot exceed \$30,000.</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input 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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>

Signature: *[Signature]* 8/14/00
 Printed Name and Title: *Judith Butler President & CEO*

LD-2 (REV. 6/98)

PAGE 1 of 7

Registrant Name United Seniors Assoc. Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

MMR RET TAX HCR BUD

12. Specific lobbying issues (current and anticipated)

Medicare Budget
Medicaid Social Security
Health Care Taxes

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

- No -> Go to line 14. Yes - Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

- No -> Sign and date the registration. Yes - Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature [Signature] Date 8/14/00

Printed Name and Title Sandra Butler President CEO

Registrant Name Uy. Ind. Energy Association 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

H.R. 8 Death Tax Elimination Act
H.R. 5 Senior Citizens Freedom to Work Act
H.R. 4865 - Soc. Sec. Benefits Tax Relief Act
HR 8859

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

S. 2304 - A bill to phase out the taxation of Soc. Sec. benefits
S. 2671 - Pension opportunities for women's equality in retirement Act

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

Name	Covered Official Position (if applicable)	New
<u>Ronald E. Smith</u>		<input type="checkbox"/>
<u>Mary Mahoney</u>		<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 [Signature] Date 8/14/00
Printed Name and Title Sandra Bitter President CEO

Registrant Name United Senior Association 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: 0000 1100 (one per page)

16. Specific lobbying issues:

H.R. 2925 - Medicare Beneficiary Prescription Drug Assistance & Stop-Loss Protection Act

H.R. 1259 - Soc. Sec. & Medicare Safe Deposit Box Act

H.R. 2867 - Seniors' Health Care Freedom Act

H.R. 4680 - Medicare Rx 2000 Act

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

S. 2807 - Medicare Prescription Drug & Modernization Act

S. 1895 - Medicare Prescription Drug & Modernization Act

S. 1962 - Soc. Sec. & Medicare Safe Deposit Box Act

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

Name	Current Official Position (if applicable)	None
<u>Ronald E. Smith</u>		<input type="checkbox"/>
<u>Mary Mahoney</u>		<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: [Signature] Date: 9/19/08
Printed Name and Title: Sandra Butcher President CEO

Registrant Name United Seniors Assn. 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 11.2.1 (one per page)

16. Specific lobbying issues

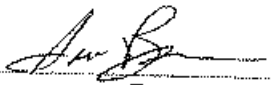
H.R. 3359 Soc. Sec. & Medicare Safe Deposit Box Act

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

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

Name	Covered Official Position (if applicable)	New
<u>Ron Smith</u>		<input type="checkbox"/>
<u>Mary Mahoney</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  Date 8/14/20
Printed Name and Title Sandra B. Baker President CEO

Registrant Name: United Seniors Association

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

H.R. 147 - Social Security Preservation Act
H.R. 219 - Social Security Preservation Act
H.R. 3872 - Long-Term Care & Retirement Security Act

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

S. 1102 Soc. Sec. Benefits Guarantee Act
S. 1103 Personal Security and Wealth in Retirement Act
S. 2225 Long-Term Care & Retirement Security Act

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

Name	Covered Official Position (if applicable)	New
Ronald E. Smith		<input type="checkbox"/>
Mary Mahoney		<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: [Signature] Date: 8/14/00
Printed Name and Title: Judith Butler 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

Arthur Kerbey

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: *[Signature]* Date: *8/14/00*
Printed Name and Title: *Sandra Betha President CEO*