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LOBBYING REPORT

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

1. Registrant Name Van Scoyoc Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address: 1420 New York Avenue, NW Suite 1050 City: Washington State/Zip (or Country): DC 20005 USA			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Anita Estell		Telephone 202-638-1950	E-mail (optional) _____
5. Senate ID # 39837-455			6. House ID # 32802-017
7. Client Name <input type="checkbox"/> Self National Commission on Correctional Health Care			

TYPE OF REPORT §. 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 checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000) 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

Signature _____ Date 8/14/00

Printed Name and Title Anita Estell - Vice President Page 1 of 2

Registrant Name: Van Scoyoc Associates, Inc.

Client Name: National Commission on Correctional Health Care

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 BUD (one per page)
- 16. Specific Lobbying issues
Correctional health care issues.

- 17. House(s) of Congress and Federal agencies contacted Check if None
Centers for Disease Control & Prevention
House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)	New
<u>Estell, Anita</u>		<u>No</u>
<u>Johnson, Kimberly</u>		<u>No</u>
<u>Van Scoyoc, H. Stewart</u>		<u>No</u>

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

Signature  Date 8/14/00
Printed Name and Title Anita Estell - Vice President Page 2 of 2