

99 AUG 16 AM 11:05

# LOBBYING REPORT

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

1. Registrant Name <b>J.T. RUTHERFORD &amp; ASSOCIATES INC.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported Suite 502 1001 N. Highland St. Arlington, Virginia 22201			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <b>DONALD F. LAVANTY</b>		Telephone <b>703-525-5424</b>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <b>AMERICAN OPTOMETRIC ASSOCIATION</b>		5. Senate ID # <b>33988-24</b>	6. House ID # <b>32201001</b>

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	
<p><b>12. Lobbying Firms</b></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"/> ⇨ \$ <u>24,000</u>  <small>Income (nearest \$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><b>13. Organizations</b></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 type="checkbox"/> ⇨ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> 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(e) of the Internal Revenue Code</p>

Signature *Donald F. Lavanty*

Printed Name and Title DONALD F. LAVANTY

Registrant Name 1001 N. Highland St.  
Arlington, Virginia 22201

Client Name AMERICAN OPTOMETRIC 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 MMM (one per page)

16. Specific lobbying issues

H. CON RES 68 - 1999 BUDGET RESOLUTION - MEDICARE PROVISIONS  
S. CON RES 86 - 1999 BUDGET RESOLUTION - MEDICARE PROVISIONS

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

US HOUSE  
US SENATE

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

Name	Covered Official Position (if applicable)	New
<u>DONALD F. LAVANTY</u>	<u>PRESIDENT</u>	<input type="checkbox"/>
<u>DEANNA D. LAVANTY</u>	<u>SENIOR ASSOCIATE</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 *Donald F. Lavanty* Date 8/13/99  
Printed Name and Title DONALD F. LAVANTY, PRESIDENT

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

HR 358 ——— MANAGED CARE REFORM - PATIENTS RIGHTS  
S-1344 ——— MANAGED CARE REFORM - PATIENTS RIGHTS

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

U.S. HOUSE  
U.S. SENATE

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

Name	Covered Official Position (if applicable)	New
<u>DAVID F. LAVANTY</u>	<u>PRESIDENT</u>	<input type="checkbox"/>
<u>DEANNA D. LAVANTY</u>	<u>SENIOR ASSOCIATE</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 *David F. Lavanty* Date 8/13/99  
Printed Name and Title DAVID F. LAVANTY, PRESIDENT