

Clerk of the House of Representatives  
 Legislative Resource Center  
 9-106 Cannon Building  
 Washington, DC 20515

Secretary of the Senate  
 Office of Public Records  
 232 Hart Building  
 Washington, DC 20510

SECRETARY OF THE SENATE  
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 H.O.

**LOBBYING REPORT**

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

1. Registrant Name <i>Eileen Meier</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1090 Vermont Ave. NW # 800 Washington, DC 20005</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <i>Eileen Meier</i>	Telephone <i>(202) 408-7034</i>	E-mail (optional)	5. Senate ID # <i>51503-24</i>
7. Client Name <input type="checkbox"/> Self <i>North American Transplant Coordinators Organization</i>	6. House ID #		

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><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 type="checkbox"/> ⇒ \$ _____  <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 checked="" 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 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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature *Eileen Meier*

Printed Name and Title *Eileen Meier Legislative Consultant*

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Registrant Name Eileen Meier Client Name North American Transplant

Coordinators

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.

Organization

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Immunosuppressive drugs  
Organ transplant

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

U.S. Senate  
U.S. House of Representatives  
Department of Health & Human Services  
Department of Transplant  
Health Resources Service Administration

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

Name	Covered Official Position (if applicable)	No.
<u>Eileen Meier</u>	<u>hospitalist consultant</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 Eileen Meier Date 2.5.100  
Printed Name and Title Eileen Meier hospitalist consultant

Registrant Name Eileen Meier Client Name North American Transplant

COORDINATOR  
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 4CR (one per page)

16. Specific lobbying issues

organ transplant  
immunosuppressive drugs

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

U.S. Senate  
U.S. House of Representatives  
Department of Health & Human Services  
Department of Transplant  
Health Resources Services Administration

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

Name	Covered Official Position (if applicable)	No.
Eileen Meier	legislative consultant	<input type="checkbox"/>
		<input type="checkbox"/>
		<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: Eileen Meier Date: 2/15/00  
Printed Name and Title: Eileen Meier legislative consultant