

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 NOV 28 PM 1:44

LOBBYING REPORT

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

1. Registrant Name American Medical Rehabilitation Providers Association			
2. Address <input type="checkbox"/> Check if different than previously reported Suite 300, 1606 20th Street, N.W.			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) D.C. 20009			
4. Contact Name Carolyn C. Zollar	Telephone (202) 265-4404	E-mail (optional) czollar@amrpa.org	5. Senate ID # 44561
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 3408600		

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-Decem

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 A

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

\$10,000 or more ⇒ \$ _____
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

\$10,000 or more ⇒ \$ 141,935.00
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033(e) Internal Revenue Code

Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Carolyn Zollar

8/10/00

Printed Name and Title **Carolyn C. Zollar, V.P. for Government Relations ar**



30837-1010

Registrant Name American Med. Rehab. Client Name _____

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

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

16. Specific lobbying issues

All Under Medicare

- 1. Extend Moratorium Cap
- 2. Inpatient Rehab PPS
- 3. Support Managed Care Consumer Protection Bill

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

- a. Health Care Financing Administration
- b. House Ways and Means Committee
- c. Senate Finance Committee

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

Name	Covered Official Position (if applicable)
Carolyn C. Zollar	N/A

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

Signature *Carolyn C. Zollar* Date 8/10/00

Printed Name and Title Carolyn C. Zollar, V.P. for Government Relations and Policy Development



10-13-10

Registrant Name Amer Medical Rehab 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

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	Overseas

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

Signature  Date 8/10/10

