

RECEIVED  
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**LOBBYING REPORT**  
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Lobbying Disclosure Act of 1995 (Section 5). All Filers Are Required To Complete This Form

1. Registrant Name  
Levin, Powers, Brennan & Shea, LLC

2. Address  Check if different than previously reported  
40 Hungerford Street, Hartford, CT 06106

3. Principal Place of Business (if different from line 2)  
City: \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

4. Contact Name <u>Jay B. Levin</u>	Telephone <u>(860) 278-8000</u>	E-mail (optional) <u>Jybrln@aol.com</u>	5. Senate ID # <u>50375-24</u>
7. Client Name <input type="checkbox"/> Self <u>Athena Health Care</u>			6. House ID #

**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><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____ Income (nearest \$20,000)</p>	<p><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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"/> \$ _____ Expenses (nearest \$20,000)</p>
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**14. REPORTING METHOD.** Check box to indicate expense accounting method. See instructions for description of options.

**Method A.** Reporting amounts using LDA definitions only

**Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

**Method C.** Reporting amounts under section 162(c) of the Internal Revenue Code

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).

Signature 

Printed Name and Title Jay B. Levin, Chair

Registrant Name Levin, Powers, Brennan & Shea, LLC Client Name Athena 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 MMM (one per page)

16. Specific lobbying issues:

**H.R. 441 and related proposals concerning long term care.**

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

House of Representatives

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

Name	Covered Official Position (if applicable)	New
<u>Jay B. Levin</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  Date 2-8-00  
Printed Name and Title: Jay B. Levin, Chair

Registrant Name Levin, Powers, Brennan & Shea, LLC Client Name Athena 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 IMM (one per page)

16. Specific lobbying issues:

H.R. 441 and related proposals concerning long term care.

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

House of Representatives

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

Name	Covered Official Position (if applicable)	New
<u>Jay B. Levin</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



Date 2-8-00

Printed Name and Title: Jay B. Levin, Chair

Registrant Name Levin, Powers, Brennan & Shea, LLC Client Name Athena 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 HCR (one per page)

16. Specific lobbying issues:

H.R. 441 and related proposals concerning long term care.

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

House of Representatives

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

Name	Covered Official Position (if applicable)	New
<u>Jay B. Levin</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 2-8-00

Printed Name and Title: Jay B. Levin, Chair

Form LD-2 (Rev.6/98)

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Registrant Name: Levin, Powers, Brennan & Shea, LLC Client Name: Athena Health Care

**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**

General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

Add the following affiliated organization(s)

Name	Address	Principal Place of Business (City & State or Country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

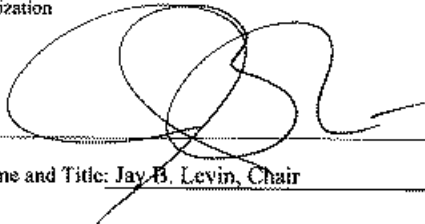
**FOREIGN ENTITIES**

Add the following foreign entities(s)

Name	Address	Principal Place of Business (City & State or Country)

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



Date 2-8-00

Printed Name and Title: Jay B. Levin, Chair