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H. D.

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  I. Effective Date of Registration March 15, 1999  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Arant Fox Kintner Plotkin & Kahn, P.L.L.C  
 Address 1050 Connecticut Ave., NW  
 City Washington State DC Zip 20036-5339  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name  
(202) 857-6000 Contact Mike McNamara E-mail (optional) \_\_\_\_\_  
 6. General description of registrant's business or activities  
Law and Lobbying Firm

## CLIENT

*A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name Amputee Coalition of America  
 Address 900 East Hill Avenue, Suite 285  
 City Knoxville State TN Zip 37915  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities  
Voluntary health agency

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Douglas McCormack	
Stacy Rarhison	Legis. Correspondent, Sen. Bill Frist (R-TN)

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR \_\_\_\_\_ BUD \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Labor, HUD appropriations and reimbursement issues involving medical rehabilitation

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No => Go to line 14.

Yes † Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No => Sign and date the registration.

Yes † Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature *Robert J. Waters* Date 8/13/99  
 \_\_\_\_\_  
 Robert J. Waters, Member

Printed Name and Title \_\_\_\_\_