
HEALTHCARE ALLIANCE, INC.

900 North Shore Drive
Suite 250
Lake Bluff, Illinois 60044
(847) 615-1173 FAX (847) 615-1176
Email: hlthalianc@aol.com

SECRETARY OF THE SEN
04 MAR 18 PM 2: 56

Dear Clerk of the House

Jeff Trandahl

Deputy Clerk - Gerassimos C. Vans.

Regarding the attached notice of non-receipt. Please find attached a copy of the CHAMP ID:30012003 filed or sent on 7/12/03 for the period 1/1/2003 to 6/30/2003.

It was sent with the amended original filing which may be the reason for the confusion. I have re-signed the copies again with today's date.

Please advise at the address above if anything additional is necessary.

Sincerely,

David J. Ho

a.c. to

Secretary of the Senate

JEFF TRANDAHL
CLERK

GERASIMOS C. VANS
DEPUTY CLERK

Office of the Clerk
U.S. House of Representatives
Washington, DC 20515-6601

SECRETARY OF THE S.
04 MAR 18 PM 2:

February 18,

DAVID J. AHO
900 NORTH SHORE DRIVE
SUITE 250
LAKE BLUFF, IL 60044

Re: COALITION OF HOSPITALS AGAINST A MEDICAID PROVIDER TAX (CHAMP)
ID: 30012003

FIRST NOTICE OF NON-RECEIPT

The Lobbying Disclosure Act of 1995, 2 USC 1601-1612, empowers the Clerk of the House of Representatives to verify and inquire to ensure the timeliness of registrations and reports.

A review of Reports on file with the Legislative Resource Center indicates that you neither terminated your registration nor submitted a report for the period January 1, 2003 to 30, 2003, which was due by August 14, 2003.

Please provide us (within 30 days) with an appropriate filing and written explanation of any delinquency.

For further information, please contact the Legislative Resource Center, B106 Cannon House Office Building, Washington, DC, (202) 226-5200.

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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
04 MAR 18 PM 2:56

LOBBYING REPORT

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

1. Registrant Name DAVID J. AHO			
2. Address <input type="checkbox"/> Check if different than previously reported 900 NORTH SHORE DRIVE SUITE 250			
3. Principal Place of Business (if different from line 2) City: LAKE BLUFF State/Zip (or Country) ILLINOIS 6004			
4. Contact Name DAVID J. AHO		Telephone 947-615-1173	E-mail (optional) 5. Senate ID #
7. Client Name <input type="checkbox"/> Self COALITION OF HOSPITALS AGAINST A PROVIDER TAX (CHAMP)			6. House ID #

TYPE OF REPORT B. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate e accounting method. See instructions for description of o
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitio
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(I Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Signature

David J. Aho

Printed Name and Title

DAVID J. AHO, ATTORNEY

I.D-2 (REV 6/98)

PAC

David J. Aho re-sent 3/1/03

Registrant Name DAVID J. AHO Client Name COALITION AGAINST HOSP PROVIDER TAX (CHAMP)

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

NONE

21. Client new principal place of business (if different from line 20)

City

NONE

State/Zip (or Country)

22. New general description of client's business or activities

NONE

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

NONE

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

NONE

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
NONE		

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	Own perc client
None				

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 David J. Aho

Date 7/12/03

Printed Name and Title DAVID J. AHO, ATTORNEY

David J. Alo re-sat 3/1/03

Registrant Name DAVID J. AHO Client Name COALITION AGAINST HOSPITAL PROVIDER TAX (CAHP)

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

OPPOSE MEDICAID WAIVER FOR HOSPITAL PROVIDER

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

HOUSE OF REPRESENTATIVES
SENATE

HEALTH AND HUMAN SERVICES

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

Name	Covered Official Position (if applicable)
<u>DAVID J. AHO</u>	<u>N/A</u>
<u>CHARLES VAUGHN</u>	<u>N/A</u>

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

Signature David J. Aho Date 7/12/03

Printed Name and Title DAVID J. AHO

Daif J. Aho re-sent 3/1/03