

99 AUG 16 PM 2:40

**LOBBYING REPORT**

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

1. Registrant Name <b>HOME HEALTH SERVICES &amp; STAFFING ASSOCIATION</b>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <b>1875 ENE STREET N.W. 12<sup>TH</sup> FLOOR</b>			
3. Principal Place of Business (if different from line 2) City: <b>WASHINGTON-D.C.</b> State/Zip (or Country): <b>20006</b>			
4. Contact Name <b>MARA BENNER</b>	Telephone <b>202-296-3800</b>	E-mail (optional)	5. Senate ID # <b>18513-12</b>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <b>33749000</b>		

**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

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<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(c) of the Internal Revenue Code</p>

Signature Mara A. Benner

Printed Name and Title MARA A. BENNER, EXECUTIVE DIRECTOR

Registrant Name HSSA Client Name SELF

**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  
P.L. 105-33, BALANCED BUDGET ACT OF 1997  
H.R. 4328, OMNIBUS CONSOLIDATED APPROPRIATIONS ACT FY 99  
S. 1414, MEDICARE HOME HEALTH BENEFICIARY EQUITY AND PAYMENT SIMPLIFICATION ACT OF 1999  
S. 1358, HR 2546, PRESERVE ACCESS TO CARE IN THE HOME ACT OF 1999  
S. 1310, HOME HEALTH EQUITY ACT OF 1999

17. House(s) of Congress and Federal agencies contacted  Check if None  
U.S. HOUSE OF REPRESENTATIVES  
U.S. SENATE  
HEALTH CARE FINANCING ADMINISTRATION  
U.S. DEPARTMENT OF HEALTH + HUMAN SERVICES

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

Name	Covered Official Position (if applicable)	New
<u>MARA BENNER</u>	<u>EXECUTIVE DIRECTOR</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 Mara A. Benner Date 8/11/99

Printed Name and Title MARA A. BENNER, EXECUTIVE DIRECTOR

Registrant Name HSSGA Client Name SELF

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

20. Client new address

N/A

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

City

N/A

State/Zip (or Country)

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

N/A

**LOBBYIST UPDATE**

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

N/A

**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)
<u>N/A</u>		

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	Ownership percentage in client
<u>N/A</u>				

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

N/A

Signature

Mara A. Benne

Date

8/11/99

Printed Name and Title

MARA A. BENNE, EXECUTIVE DIRECTOR

Form LD-2 (Rev. 6/95)

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