

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 JUL 19 AM 9:30

LOBBYING REPORT

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

1. Registrant Name <u>American Industrial Hygiene Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>2700 Prosperity Avenue, Suite 250</u>			
3. Principal Place of Business (if different from line 2) City: <u>Fairfax</u> State/Zip (or Country) <u>Virginia 22031</u>			
4. Contact Name <u>Aaron K. Trippler</u>	Telephone	E-mail (optional)	5. Senate ID # <u>2616-12</u>
7. Client Name <input type="checkbox"/> Self			6. House ID # <u>32197000</u>

TYPE OF REPORT 8. Year 2000 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

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 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 checked="" type="checkbox"/> → \$ <u>60,000</u> 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 expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

PAGE 1 of 7

Registrant Name Hygiene Association Client Name _____

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 LB R (one per page)

16. Specific lobbying issues

- 1) S. 385, Safety Advancement for Employees Act, all provisions.
- 2) S. 2553, Appropriations bill for Labor-HHS, Education, OSHA & NIOSH
- 3) H.R. 4577, Appropriations bill for Labor-HHS, Education, OSHA & NIOSH
- 4) H.R. 4098, Home Office Employment, all provisions.

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

- 1) Senate, House, Dept. of Labor (OSHA)
- 2) Senate, House, Dept. of Labor (OSHA), NIOSH
- 3) Senate, House, Dept. of Labor (OSHA), NIOSH
- 4) House, Dept. of Labor (OSHA)

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

Name	Covered Official Position (if applicable)	New
1) <u>Asaon K. Trippler</u>		<input type="checkbox"/>
2) <u>Asaon K. Trippler</u>		<input type="checkbox"/>
3) <u>Asaon K. Trippler</u>		<input type="checkbox"/>
4) <u>Asaon K. Trippler</u>		<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 _____

Printed Name and Title _____

Registrant Name American Industrial Hygiene Assoc Client Name _____

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 ENV (one per page)

16. Specific lobbying issues

- 1) H.R. 4288, DOE Health + Safety issues, all provisions
- 2) H.R. 3907, DOE Health + Safety issues, all provisions

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

- 1) House, Dept. of Labor (OSHA)
- 2) House, Dept. of Labor (OSHA)

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

Name	Covered Official Position (if applicable)	New
1) Aaron K. Trippler		<input type="checkbox"/>
2) Aaron K. Trippler		<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 _____
Printed Name and Title _____

Registrant Name American Industrial Hygiene Association Client Name _____

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 SMB (one per page)

16. Specific lobbying issues

1) H.R. 4744, Truth in Regulatory Act of 2000, provision relating to oversight of economically significant rules of federal agencies.

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

1) House

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

Name	Covered Official Position (if applicable)	New
1) Aaron K. Trippler		<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 _____
Printed Name and Title _____