

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

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H.D.

**LOBBYING REPORT**

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

|                                                                                                                                                              |                                  |                   |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|-----------------------------------|
| 1. Registrant Name<br><u>SHEILA LANE FORSYTH</u>                                                                                                             |                                  |                   |                                   |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>9000 PARLIAMENT DRIVE</u>                                              |                                  |                   |                                   |
| 3. Principal Place of Business (if different from Box 2)<br>City: <u>BURKE</u> State/Zip (or Country): <u>VA 22015</u>                                       |                                  |                   |                                   |
| 4. Contact Name<br><u>SHEILA FORSYTH</u>                                                                                                                     | Telephone<br><u>703/978-4408</u> | E-mail (optional) | 5. Senate ID #<br><u>15190-12</u> |
| 7. Client Name <input type="checkbox"/> Self<br><u>AMERICAN PSYCHOLOGICAL ASSOCIATION</u>                                                                    | 6. House ID #<br><u>33082000</u> |                   |                                   |
| TYPE OF REPORT 8. Year <u>1999</u> Midyear (January 1-June 30) <input type="checkbox"/> OR Year End (July 1-December 31) <input checked="" type="checkbox"/> |                                  |                   |                                   |
| 9. Check if this filing amends a previously filed version of this report <input type="checkbox"/>                                                            |                                  |                   |                                   |
| 10. Check if this is a Termination Report <input type="checkbox"/> Termination Date _____                                                                    |                                  |                   |                                   |
| 11. No Lobbying Activity <input type="checkbox"/>                                                                                                            |                                  |                   |                                   |

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12. Lobbying Firms</b><br>INCOME relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input checked="" type="checkbox"/> <u>\$ 20,000</u><br><small>Income (nearest \$20,000)</small><br>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). | <b>13. Organizations</b><br>EXPENSES relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> <u>\$</u> _____<br><small>Expenses (nearest \$20,000)</small><br><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only<br><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input 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)

2/10/00

SHEILA LANE FORSYTH, LANE-FORSYTH ASSOCIATES

PAGE 1 of 3

Registrant Name \_\_\_\_\_ 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 EDU (one per page)

16. Specific lobbying issues

- (A) OLDER AMERICANS ACT Reauthorization - Senate House Bills  
(Inclusion of Mental Health Training Provisions)
- (B) FY 2000 Appropriation  
Dept. of Education

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

- (A) U.S. Senate
- (B) U.S. House of Representatives
- (C) Agencies  
Dept. of Education

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

| Name                | Covered Official Position (if applicable) | Now                      |
|---------------------|-------------------------------------------|--------------------------|
| SHEILA LAKE FORSYTH |                                           | <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

*Sheila Lake Forsyth*

Date

2/10/00

Printed Name and Title

SHEILA LAKE FORSYTH, LAKE-FORSYTH ASSOCIATES

Form LD-2 (Rev. 6/95)

Page 2 of 3

Registrant Name: SHEILA LANE FORSYTH Client Name: AMERICAN PSYCHOLOGICAL ASSOCIATION

**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

- (A) National Health Service Corps Reauthorization  
 (B) FY 2000 & FY 2001 Appropriations  
     - Dept. Health/Human Services  
     - Indian Health Service

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

- (A) U.S. Senate  
 (B) U.S. House of Representatives  
 (C) Agencies  
     - Bureau of Health Financing - Indian Health Service  
     - Bureau Primary Health Care

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

| Name                       | Covered Official Position (if applicable) | New                      |
|----------------------------|-------------------------------------------|--------------------------|
| <u>SHEILA LANE FORSYTH</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

Sheila Lane Forsyth

Date

2/10/00

Printed Name and Title

SHEILA LANE FORSYTH, LANE-FORSYTH ASSOCIATES