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LOBBYING REPORT

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

1. Registrant Name
SHEILA LANE FORSYTH

2. Address ☐ Check if different than previously reported
9000 PARLIAMENT DR

3. Principal Place of Business (if different from line 2)
City: BURKE State/Zip (or Country) VA 22015

4. Contact Name: SHEILA L. FORSYTH Telephone: 703/978-4408 E-mail (optional):

5. Senate ID #: 15190-12

7. Client Name ☐ Self
AMERICAN PSYCHOLOGICAL ASSOCIATION

6. House ID #: 33082000

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 ☐

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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☒ ⇨ $ 40,000
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____
Expenses (nearest $20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

☒ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8)of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Sheila Lane Forsyth

Printed Name and Title SHEILA LANE FORSYTH, LANE FORSYTH ASSOCIATES

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PAGE 1 of 3

Registrant Name SHEILA L. FORSYTH Client Name AMERICAN PSYCHOLOGICAL ASSN

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 (OAA) - Senate Bill (Inclusion of training provisions for mental health professionals)
(B) Elementary & Secondary Education Act (ESEA) Reauthorization
(C) FY 2008 Appropriations 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
- Office of Postsecondary Educ
- Office of Educational Research & Improvement

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

Name	Covered Official Position (if applicable)	New
SHEILA LANE FORSYTH		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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

Signature Sheila Lane Forsyth Date 8/12/99

Printed Name and Title SHEILA LANE FORSYTH, LANE-FORSYTH ASSOCIATES

Registrant Name SHEILA L. FORSYTH Client Name AMERICAN PSYCHOLOGICAL ASSN

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) Substance Abuse/Mental Health Services Administration (reauthorization)
(B) FY 2000 Appropriations
- Department 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
- Substance Abuse/Mental Health Services Adm.
- Bureau of Health Professions
- Bureau of Primary Health Care
- Indian Health Service

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

Name	Covered Official Position (If applicable)	New
SHEILA LANE FORSYTH		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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

Signature Sheila Lane Forsyth Date 8/12/99

Printed Name and Title SHEILA LANE FORSYTH, LANE-FORSYTH ASSOCIATES

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