

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

RECEIVED
 SECRETARY OF THE SENATE
 PUBLIC RECORDS
 00 AUG 14 AM 10:04

LOBBYING REPORT

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

1. Registrant Name UNITED MOTORCOACH ASSOCIATION			
2. Address <input type="checkbox"/> Check if different than previously reported 113 SOUTH WEST STREET, 4TH FLOOR			
3. Principal Place of Business (if different from line 2) City: ALEXANDRIA State/Zip (or Country) VA 22314-2824			
4. Contact Name VICTOR PARRA	Telephone 703-838-2929	E-mail (optional)	5. Senate ID # 47611-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34422000

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	
<p>12. Lobbying Firms <u>N/A</u></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>13. Organizations</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>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input 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(e) of the Internal Revenue Code</p>

Signature Thomas H. Williams, CPA for Victor Parra, CEO under Power of Attorney dated 8/11/00.
 Printed Name and Title VICTOR PARRA, CHIEF EXECUTIVE OFFICER.

Registrant Name UNITED MOTORCOACH ASSN. 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 SMB (one per page)

16. Specific lobbying issues

1. FORTHCOMING OSHA HEALTH & SAFETY GUIDELINES.
2. SMALL BUSINESS REGULATORY ENFORCEMENT FAIRNESS ACT ADJUSTMENTS AND SMALL BUSINESS ADMINISTRATION/OFFICE OF ADVOCACY ADJUSTMENTS.

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

SMALL BUSINESS ADMINISTRATION, OFFICE OF ADVOCACY
 SENATE, SMALL BUSINESS COMMITTEE
 HOUSE OF REPRESENTATIVES, SMALL BUSINESS COMMITTEE

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

Name	Covered Official Position (if applicable)	New
CHARLES N. LITTLER	CHIEF COUNSEL FOR ADVOCACY	<input type="checkbox"/>
	SENATE SMALL BUSINESS	<input type="checkbox"/>
	COMMITTEE STAFF (GERE GLOVER)	<input type="checkbox"/>
	SENATOR BOND & SENATOR KERRY	<input type="checkbox"/>
	CONGRESSWOMAN NYDIA VALAZQUEZ &	<input type="checkbox"/>
	STAFF MEMBERS	<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 Theodore H. Hillman, CPA for Victor Parra under POA. Date 8/11/2000
 Printed Name and Title VICTOR PARRA, CHIEF EXECUTIVE OFFICER

Registrant Name UNITED MOTORCOACH ASSN. 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 TRA (one per page)

16. Specific lobbying issues

1. MOTOR CARRIER SAFETY ADJUSTMENTS
2. MOTOR CARRIER AXLE WEIGHT ADJUSTMENTS.

17. House(s) of Congress and Federal agencies contacted Check if None
HOUSE OF REPRESENTATIVES TRANSPORTATION & INFRASTRUCTURE COMMITTEE
SENATE COMMERCE, SCIENTIFIC AND TRANSPORTATION COMMITTEE.

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

Name	Covered Official Position (if applicable)	Yes
CHARLES N. LITTLER	T&I COMMITTEE, MAJORITY STAFF	<input type="checkbox"/>
	T&I COMMITTEE MINORITY STAFF	<input type="checkbox"/>
	CONGRESSMAN JIM OBERSTAR, CHIEF OF STAFF	<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 *Therese A. Meighan, CPA for Victor Parra under POA.* Date 8/11/2000
Printed Name and Title VICTOR PARRA, CHIEF EXECUTIVE OFFICER

Registrant Name UNITED MOTORCOACH ASSN. 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 TOU (one per page)

16. Specific lobbying issues

REQUEST LEGISLATION LIMITING UNFAIR GOVERNMENT COMPETITION WITH PRIVATE, SMALL BUSINESS, TRAVEL & TOUR INDUSTRY ENTITIES.

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

HOUSE OF REPRESENTATIVES, SMALL BUSINESS COMMITTEE
SMALL BUSINESS ADMINISTRATION, OFFICE OF ADVOCACY

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

Name	Covered Official Position (if applicable)	New
CHARLES N. LITTLER	HOUSE SMALL BUSINESS COMMITTEE	<input type="checkbox"/>
	PROFESSIONAL STAFF MEMBERS	<input type="checkbox"/>
	CHIEF COUNSEL FOR ADVOCACY, SBA	<input type="checkbox"/>
	GERE GLOVER	<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 *Victor Parra* Date 8/11/2000
Printed Name and Title VICTOR PARRA, CHIEF EXECUTIVE OFFICER

Registrant Name UNITED MOTORCOACH ASSN. 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

State/Zip (or Country)

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

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)
N/A		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

N/A

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
N/A				

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: Victor H. Parra, CPA for Victor Parra under POA. Date 8/11/2000

Printed Name and Title VICTOR PARRA, CHIEF EXECUTIVE OFFICER

Power of Attorney and Declaration of Representative

▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date _____

Part I Power of Attorney (Please type or print.)

1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address United Motorcoach Association 113 South West Street, 4th Floor Alexandria, VA 22314-2824	Social security number(s)	Employer identification number 34472000 (HOUSE) 47611-12 (SENATE)
	Daytime telephone number	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address Theodore W. Williford, CPA Rubin, Kasnett & Associates, PC Bethesda, MD 20814	CAF No. _____ Telephone No. 301-656-1551 Fax No. 301-656-1771 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4 — Specific uses not recorded on CAF.)

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5 — Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:
Authorized to sign Form LD-2 for June 30, 2000 for submission to
the US Senate and US House of Representatives.

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form 2848 (Rev. 12-87)

Page 2

7. **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.
- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box
 - b If you also want the second representative listed to receive a copy of such notices and communications, check this box
 - c If you do not want any notices or communications sent to your representative(s), check this box
8. **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
9. **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Victor Parra Signature 8/11/00 Date CEO Title (if applicable)

VICTOR PARRA Print Name

Signature _____

Date _____

Title (if applicable)

Print Name

Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer — a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee — a full-time employee of the taxpayer.
 - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer — an unenrolled return preparer under section 10.7(c)(vii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation — Insert above letter (a - h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
<u>D</u>	<u>MARYLAND</u>	<u>Theresa H. Hoffman, CPA</u>	<u>8/11/2000</u>

3116200/3P.2