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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

- Check if this is an amended registration
1. Effective Date of Registration 10/1/98
2. House Identification Number \_\_\_\_\_ Senate Identification Number 2057-455

### REGISTRANT

3. Name of Registrant **American Continental Group**
- Address **701 Pennsylvania Avenue, N.W., Suite 250**
- City **Washington** State **DC** Zip **20004**
4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_
5. Telephone number and contact name  
**(202) 347-6443** Contact **Krista Ritacco** E-mail (optional) **Ritacco@acgprep.com**
6. General description of registrant's business or activities  
**Political Consultants**

### CLIENT

*A Lobbying firm is required to file a separate registration for each client. Organization employing in-house lobbyists should check the box labeled "Self" and proceed to line 10  Self*

7. Name of Client **Corporation for Advancement of Medical Technologies**
- Address **1225 I Street, N.W., Suite 500**
- City **Washington** State **DC** Zip **20005**
8. Principal place of business (if different from line 1)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_
9. General description of client's business or activities  
**Health Care Issues**

### LOBBYISTS

8. Name of each individual who has acted or is expected to act as lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive or legislative branch position(s) in which the person served.

Name	Covered Official Position (if applicable)
<b>Metzner, David</b>	

**LOBBYING ISSUES**

11. General lobbying issue areas. Select applicable codes listed in instructions and on reverse side of Form LD-1 page 1.

**HCR**

12. Specific lobbying issues (current and anticipated)

**General Health Care Issues.**

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No → Go to line 14.  Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or in any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity.

No → Sign and date the registration.  Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature David A. Metzney Date 1/20/99

Printed Name and Title David A. Metzney Partner