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LOBBYING REPORT

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

1. Registrant Name Assoc. of Community Cancer Centers			
2. Address <input type="checkbox"/> Check if different than previously reported 11600 Nebel St., Suite 201			
3. Principal Place of Business (if different from line 2) Rockville MD 20852-2557 City: State/zip (or Country)			
4. Contact Name Saira Sultan Chirico	Telephone (301) 984-9496	E-mail (optional) ssultan@accc-cancer.org	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

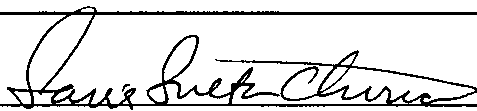
TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐9. Check if this filing amends a previously filed version of this report ☐10. Check if this is a Termination Report ☐ ⇨ Termination Date _____

11. No Lobbying /

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 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div> 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 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>\$20,000.00</u> <div style="text-align: center;">Expenses (nearest \$20,000)</div> 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 <input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Signature



Date

7/23/03

Printed Name and Title Saira Sultan Chirico, Director, Public Policy

LD-2 (REV. 4/03)

PAGE 1 of _

Registrant Name Assoc. of Community Cancer Centers Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Ensuring beneficiary access to cancer care in hospital outpatient departments and physician offices.

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

United States House of Representatives
United States Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Saira Sultan Chirico	
Jill Schmalz	

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

Signature Saira Sultan Chirico Date 7/23/23

Printed Name and Title _____

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Registrant Name Assoc. of Community Cancer Centers 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 information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Ensuring beneficiary access to cancer care in hospital outpatient departments and physician offices.

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

United States House of Representatives
United States Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Saira Sultan Chirico	
Jill Schmalz	

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

Signature Saira Sultan Chirico Date 7/23/03

Printed Name and Title _____

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Registrant Name Assoc. of Community Cancer Centers Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code MED (one per page)

16. Specific lobbying issues

Ensuring beneficiary access to cancer care in hospital outpatient departments and physician offices.

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

United States House of Representatives
United States Senate
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Saira Sultan Chirico	
Jill Schmalz	

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

Signature Saira Sultan Chirico Date 7/23/23

Registrant Name Assoc. of Community Cancer Centers

Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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 UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Jill Schmalz

ISSUE UPDATE24. 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)

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

27. Add the following foreign entities

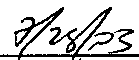
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe cli

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



Date



Printed Name and Title _____

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