

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  
04 FEB 25 PM 3: 36

## LOBBYING REPORT

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

1. Registrant Name Medical Association of Georgia			
2. Address <input type="checkbox"/> Check if different than previously reported 1330 West Peachtree Street, NE, Ste. 500 Atlanta, GA 30309			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Kinn Elliott	Telephone (404) 881-5042	E-mail (optional) kelliott@mag.org	5. Senate ID # 24783-
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 333640

**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 Act

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

<p><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____ Income (nearest \$20,000)</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> Expenses (nearest \$20,000)</p>
<p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) o Internal Revenue Code</p>	

Signature 

Printed Name and Title Kinn Elliott, Director of Government Relations

LD-2 (REV. 6/98)

Registrant Name Medical Association of Georgia 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 HCR (one per page)

16. Specific lobbying issues

S. 11 Patients First Act of 2003  
H.R. 5 Help Efficient, Accessible, Low Cost, Timely Healthcare (HEALTH) Act of 2003  
S. 607 Help Efficient, Accessible, Low Cost, Timely Healthcare (HEALTH) Act of 2003

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

US Senate  
US House

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

Name	Covered Official Position (if applicable)
David A. Cook	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev.6/98)

Page 7

Registrant Name Medical Association of Georgia 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 MMM (one per page)

16. Specific lobbying issues

H.R. 1 Medicare Prescription Drug and Modernization Act of 2003  
S. 1 Medicare Prescription Drug and Modernization Act of 2003

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

Check if None

US Senate  
US House

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

Name	Covered Official Position (if applicable)
David A. Cook	
Kinn Elliott	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Date \_\_\_\_\_

Form LD-2 (Rev. 6/98)

Page 3

Registrant Name Medical Association of Georgia 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, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 1120 The Health Care Antitrust Improvements Act of 2003

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

Check if None

US House

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

Name	Covered Official Position (if applicable)
David A. Cook	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev.6/98)

Page 4

Registrant Name Medical Association of Georgia 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, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R.2427 Pharmaceutical Market Access Act of 2003

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

Check if None

US House

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

Name	Covered Official Position (if applicable)
David A. Cook	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title

Date

Form LD-2 (Rev. 6/98)

Page

5

Registrant Name Medical Association of Georgia 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 UPDATE**

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

**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)

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	Owns or controls or is affiliated with the registrant, or affiliated organization

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev. 6/98)

Page 10