

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
03 MAR -5 PM 1:56

LOBBYING REPORT

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

1. Registrant Name American Thoracic Society			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 61 Broadway			
3. Principal Place of Business (if different from line 2) City: New York State/Zip (or Country) New York 10006-2747			
4. Contact Name Gary Ewart	Telephone (202) 785-3355	E-mail (optional) gewart@thoracic.org	5. Senate ID # 56873
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35207

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Decen

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

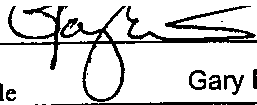
12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000
\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the 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 ⇒ \$ 80,000.00
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of

- Method A. Reporting amounts using LDA definitive
- Method B. Reporting amounts under section 6033 Internal Revenue Code
- Method C. Reporting amounts under section 162 Internal Revenue Code

Signature



Printed Name and Title

Gary Ewart, Director, ATS Government Relations

Signature _____

Printed Name and Title Gary Ewart, Director, Government Relations

Form LD-2 (Rev. 6/98)

Page ____

G
G
G
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Registrant Name American Thoracic Society Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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 ENV (one per page)

16. Specific lobbying issues

FY03 Funding EPA and Clean Air Act Enforcement (HR5605/S2797)

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

Check if None

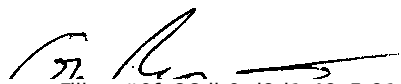
House and Senate

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

Name	Covered Official Position (if applicable)
Gary Ewart and Asua Ofosu	

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

Check if None



Signature _____ Date _____

Printed Name and Title Gary Ewart, Director, ATS Government Relations _____

Signature _____ Date _____

Printed Name and Title Gary Ewart, Director, Government Relations

Form LD-2 (Rev. 6/98)

Page ____

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Registrant Name American Thoracic Society 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Tuberculosis Control Legislation (HR1156/S1115)
Bio-Terrorism Legislation (HR3448/S1765)
Patients Bill of Rights (HR2315/S2563)
COPD Awareness Legislation (H Con Res 197/S Con Res 179)

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

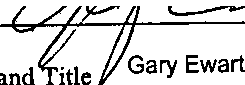
House and Senate

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

Name	Covered Official Position (if applicable)
Gary Ewart	

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



Signature  _____

Printed Name and Title Gary Ewart, Director, Government Relations _____

Form LD-2 (Rev.6/98)

Page ____

Registrant Name American Thoracic Society 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	Open

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

Signature  Date 2/14/03

Printed Name and Title Gary Ewart, Director ATS Government Relations

Form LD-2 (Rev. 6/98) Page