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LOBBYING REPORT

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

1. Registrant Name <u>Marc B. Samuels</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>8238 CONGRESS AVENUE SUITE 900</u>			
3. Principal Place of Business (if different from line 2)			
City: <u>AUSTIN</u>	State/Zip (or Country) <u>TX</u>	<u>78701</u>	5. Senate ID #
4. Contact Name <u>LINDA GAUSE</u>	Telephone <u>512-480-8962</u>	E-mail (optional)	6. House ID #
7. Client Name <input type="checkbox"/> Self <u>American Society of Anesthesiologists</u>			

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

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 1/1/02 11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this re period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>280,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indica accounting method. See instructions for description:
	<input type="checkbox"/> Method A. Reporting amounts using LDA defin
	<input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature M B Samuels

Printed Name and Title MARC B. SAMUELS

Registrant Name MARC B. SAMUELS Client Name AM. Soc. Anesthesiologists

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

Rule related to physician supervision of nurse anesthetists

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

*The White House, Office of Policy Development
Council of Economic Advisors
Office of Management & Budget*

Centers for Medicare & Medicaid Services, Office of the Administrator

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

Name	Covered Official Position (if applicable)
<u>Marc Samuels</u>	
<u>Karen Johnson</u>	

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

Signature *M B Samuels* Date Feb. 8 '02

Printed Name and Title MARC B. SAMUELS

