

Clerk of the House of Representatives Legislative Resource Center B. 106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 332 Hart Building Washington, DC 20510
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SECRETAR  
04 APR 2**LOBBYING REPORT**

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

1. Registrant Name <b>C. KENNETH PROEFROCK</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 194</b>			
3. Principal Place of Business (if different from line 2) <b>CITY FINLAYS ISLAND</b>		State/Zip (or Country) <b>Se 29585</b>	
4. Contact Name <b>SAME</b>	Telephone <b>843-979-3596</b>	E-mail (optional)	5. Senate ID # <b>51491</b>
7. Client Name <input type="checkbox"/> Self <b>TISKEGEE AREA HEALTH EDUCATION CENTER</b>			6. House ID # <b>3480000</b>

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 12/31/0311. No Lobbying **INCOME OR EXPENSES** Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p align="center">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 align="center"><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 type="checkbox"/> ⇒ \$ _____</p> <p align="right">Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(i) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)</p>
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Signature *C. Kenneth Prosser*

Printed Name and Title C. KENNETH PROSSER Partner

Registrant Name C. KENNETH PROSFRONT Client Name TUSKEGEE AREA HEALTH EDUCATION C.

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

CHR

12. Specific lobbying issues (current and anticipated)

PHS Act, TITLE VII, AS AMENDED

**AFFILIATED ORGANIZATIONS**

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

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each matching the criteria above, then sign a registration.

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

Signature C. J. Smith Date: 03/20/04

DEPT. OF JUSTICE - PROBATION DEPT. KODAK

Registrant Name C. KENNETH PROEFROCK Client Name TUSLEEGEE AREA HEALTH EDUCA

**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 Busin (city and state or coun

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	Ow per cli

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

Signature P. Kenneth Proefrock Date 03/20/04

Printed Name and Title P. KENNETH PROEFROCK, PRES., KPA ASSOCIATES

Form LL-2 (Rev. 6/98)

Page 02