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# LOBBYING REPORT

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

|   |               |                                |          |                |
|---|---------------|--------------------------------|----------|----------------|
| 1. Registrant name  |               |                                |          |                |
| Organization  |               | Medical Association of Georgia |          |                |
| 2. Address <input type="checkbox"/> Check if different than previously reported |               |                                |          |                |
| Address 1   |               | 1330 West Peachtree Street, NW |          | Suite 500      |
| City  |               | Atlanta                        | State    | GA             |
|   |               | Zip Code                       | 30309    |                |
|   |               |                                |          | Country        |
| US  |               |                                |          |                |
| 3. Principal place of business (if different than line 2)                       |               |                                |          |                |
| City  |               | State                          | Zip Code | Country        |
| City  |               | State/Zip or Country           |          |                |
| 4a. Contact Name  |               | b. Telephone number            |          | c. E-mail      |
| Prefix  | Full Name     |                                |          |                |
| Mr.   | David A. Cook | 404-881-5031                   |          | dcook@mag.org  |
| 7. Client Name <input checked="" type="checkbox"/> Self                         |               |                                |          | 5. Senate ID # |
| Medical Association of Georgia  |               |                                |          | 24783          |
|   |               |                                |          | 6. House ID #  |
|   |               |                                |          | 33364001       |

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Activity

## 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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 checked="" type="checkbox"/> ⇨ \$ _____ 20,000</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p> |
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Printed Name and Title David A. Cook, Executive Director

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Page 1

Registrant Name Medical Association of Georgia Client Name Medical Association of Georgia

**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 cod information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare - Patient Access to Physicians HR 2356/S 1081  
Pay-for-Performance, Medicare and Medicaid Services

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

U.S. House  
U.S. Senate

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

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| David      | Cook              |        |   |
| Kathy      | Browning          |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |

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

2000051512



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Page 2

Registrant Name Medical Association of Georgia Client Name Medical Association of Georgia

**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 cod information as requested. Attach additional page(s) as needed.**

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

16. Specific lobbying issues

Patient Safety: Patient Safety and Quality Initiatives

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

U.S. House  
U.S. Senate

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

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| David      | Cook              |        |   |
| Kathy      | Browning          |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |
|            |                   |        |   |

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

1000051212



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Page 3

Registrant Name Medical Association of Georgia Client Name Medical Association of Georgia

**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 cod** information as requested. Attach additional page(s) as needed.

15. General issue area code TOR - Torts (one per page)

16. Specific lobbying issues

Medical Liability Reform -- enacting federal reforms

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

U.S. House  
U.S. Senate

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

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| David      | Cook              |        |   |
| Kathy      | Browning          |        |   |
|            |                   |        |   |
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19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

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Registrant Name Medical Association of Georgia

Client Name Medical Association of Georgia

**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 cod information as requested. Attach additional page(s) as needed.

15. General issue area code INS - Insurance (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

DEA Number: U.S. Drug Enforcement Administration (Health Insurance Portability and Protection Act)

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

U.S. House  
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for th*

| First Name | Name<br>Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| David      | Cook              |        |   |
| Kathy      | Browning          |        |   |
|            |                   |        |   |
|            |                   |        |   |
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|            |                   |        |   |
|            |                   |        |   |

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

915150000

*Add a page for a different*



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Page 5

Registrant Name Medical Association of Georgia Client Name Medical Association of Georgia

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

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

St

1 Kathy Browning

3

2

4

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address                  | Principal place of Business (city and state or country) |
|------|--------------------------|---|
|      | Address<br>City<br>C/S/Z | City<br>State<br>Country                                |
|      | Address<br>City<br>C/S/Z | City<br>State   |

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

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Street Address<br>City | Address<br>State/Province Country | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities | Own<br>perc<br>alien |
|------|------------------------|-----------------------------------|--|---|----------------------|
|      |                        |                                   | City<br>State<br>Country                                   |   |                      |

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

1

3

5

2

4

6

Add a page for more

000051516



Printed Name and Title DAVID A. COOK, Executive Director

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