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LOBBYING REPORTS PI

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

1. Registrant Name		
Kyros & Cummins Associates		
2. Address Check if different than previously reported 1225 I STREET NW SUITE 600		
3. Principal Place of Business (if different from line 2) City: Washington State/Z	ip (or Country) DC 20005	
4. Contact Name Telephone The Honorable Peter N. Kyros 202 789 1110	E-mail (optional)	5. Senate ID # 21984-48
7. Client Name Self Cooperative of American Physicians		6. House ID # 32084003
TYPE OF REPORT 8. Year 2003 Midyear	(January 1 -June 30) OR Ye	
9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report Termination	Date	
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Printed Name and Tide

LD-2 (REV. 6/98)

Name Kyros & Cummins Associates Client	Name Cooperative of American Physicians
BYING ACTIVITY. Select as many codes as necessary engaged in lobbying on behalf of the client during the reinformation as requested. Attach additional page(s) as need	eporting period. Using a separate page for each c
15. General issue area code <u>INS</u> (one per page)	
16. Specific lobbying issues	
Health Care Liability Reform The Patients Protection Act all provisions relating to health care liability actions	
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
House of Representatives Senate	
18. Name of each individual who acted as a lobbyist in th Name	is issue area Covered Official Position (if applicable)
The Honorable Peter N. Kyros	
19. Interest of each foreign entity in the specific issues listed or Signature	
Signature	Date 2/16/04

Form LD-2 (Rev.6/98)

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