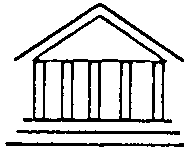


Ken Proefrock/President

(419)841-9177
FAX (419)841-8773



KPA ASSOCIATES
Governmental and Resource Consultants

RE. NORTHEASTERN OHIO UNIVERSITY
COLLEGE OF MEDICINE.

DEAR SIR,

THIS REPORT WAS RETURNED FOLLOWING ORIGINAL
SUBMISSION AND WAS RESUBMITTED LAST YEAR WITH
CORRECTION.

ENCLOSED IS ANOTHER SUBMISSION OF THIS REPORT
FOR JAN - JUNE, 2002.

THANK YOU,

A handwritten signature in black ink, appearing to read "K. Proefrock". The signature is written in a cursive style with a large initial "K".

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

04 APR 19 PM 3:06

RE-SUBMISSION

Clerk of the House of Representatives Legislative Resource Center 8-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

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

1. Registrant Name C. KENNETH PROEFROCK			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 194			
3. Principal Place of Business (if different from line 2) City: PAWLEYS ISLAND State/Zip (or Country) SC 29585			
4. Contact Name SAME	Telephone 843-979-3596	E-mail (optional)	5. Senate ID # 51491-
7. Client Name <input type="checkbox"/> Self NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE (NEUCOM)			6. House ID # 34800

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

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	
<p>12. Lobbying Firms</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"/> ⇒ \$ _____ 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>13. Organizations</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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1626</p>

Signature C. Kenneth Proefrock

Printed Name and Title C. KENNETH PROEFROCK PRES VDA LLC

Registrant Name C. KENNETH PROFFERDICK Client Name NORTHEASTERN OHIO UNIVERSITIES M

LOBBYING ISSUES

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

PHS, ACT, TITLE VII, AS AMENDED 5 HCR

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 registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

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

Name	Address	Principal Place of Business (city and state or country)

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 supports the lobbying 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 lobbying activity?

No ⇒ Sign and date the registration.

Yes ! Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature C. Kenneth Proefrock Date: 03/15/04

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

Registrant Name C. KENNETH PROFFROCK Client Name NORTHEASTERN OHIO UNIVERSITIES COLL

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 Busi (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	Ov per cli

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

Signature C. Kenneth Proffrock Date 03/15/04

Printed Name and Title C. KENNETH PROFFROCK, PRES., KPA ASSOCIATES

Form LD-2 (Rev. 6/98)

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