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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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SECRETARY  
04 AUG -4

## LOBBYING REPORT

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

|   |                                |
|---|--------------------------------|
| 1. Registrant Name<br><b>AMERICAN GASTROENTEROLOGICAL ASSOCIATION</b>   |                                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><b>4930 DEL RAY AVENUE</b>             |                                |
| 3. Principal Place of Business (if different from line 2)<br>City: <b>BETHESDA</b> State/Zip (or Country) <b>MD 20814</b> |                                |
| 4. Contact Name<br><b>MICHAEL A. ROBERTS</b>  | 5. Senate ID #                 |
| Telephone: <b>301 654-2055</b>  | E-mail (optional)              |
| 7. Client Name <input type="checkbox"/> Self  | 6. House ID #<br><b>337840</b> |

TYPE OF REPORT 8. Year 2004 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><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"/> ⇒ \$ _____<br/>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><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"/> ⇒ \$ <u>60,000</u><br/>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 checked="" 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) Internal Revenue Code</p> |
|--|--|

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name AGA Client Name \_\_\_\_\_

**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 MED (one per page)

16. Specific lobbying issues

ADVOCATE FOR PASSAGE OF LEGISLATION TO CREATE A DIGESTIVE DISEASES RESEARCH COMMISSION (S. 19 H.R. 3756).

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

U.S. HOUSE OF REPRESENTATIVES  
U.S. SENATE

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

| Name               | Covered Official Position (if applicable) |
|--------------------|---|
| MICHAEL A. ROBERTS |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

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

Signature Michael A. Roberts Date 7-28-0

Printed Name and Title MICHAEL A. ROBERTS, VICE PRESIDENT, PUBLIC

