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LOBBYING REPORT

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

1. Registrant Name MARC Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1101 17th Street, N.W. Suite 803 City Washington State/Zip (or Country) DC 20036 4704			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Randolph Fenninger	Telephone 833-0007	E-mail (optional) Randy@marcassoc.com	5. Senate ID # 23747-532
7. Client Name <input type="checkbox"/> Self Cerebral Palsy Council			6. House ID # 30371047

TYPE OF REPORT 8. Year 2001 Midyear (January-1-June 30) OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report >> Termination Date 12/31/01 11. No Lobb

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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 checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> 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>EXPENSES relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indica accounting method. See instructions for description o</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60: the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16: Internal Revenue Code</p>

Signature Randolph B. Fenninger Date 6/4/02

Registrant Name: MARC Associates, Inc.

 Client Name: Cerebral Palsy Council

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.**

15. General issue area code MMM (one per page)

16. Specific Lobbying issues
Reimbursement for Direct Care Workers

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 this issue area

Name	Covered Official Position (if applicable)
Allen, Edwin	
Maldonado, Daniel	
Penberthy, Shannon	

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

Signature _____ Date 6/4/02

