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LOBBYING REPORT

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

1. Registrant Name Arent Fox PLLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1050 Connecticut Ave., N.W. Washington, D.C. 20036-5339			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Michael J. Kurman	Telephone 202/857-6345	E-mail (optional)	5. Senate ID # 4208-758
7. Client Name <input type="checkbox"/> Self American Society of Interventional Pain Physicians			6. House ID # 30861069

TYPE OF REPORT 8. Year 2005 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 Lobbyin

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000</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>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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature

Printed Name and Title Michael J. Kurman, Member

LD-2 (REV. 6/98)

Arent Fox PLLC

American Society of Interventional Pain Physicians

Registrant Name _____ 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 MMM (one per page)

16. Specific lobbying issues

Medicare ASC reimbursement
 Medicare physician fee schedule payments
 Medicare HOPD reimbursement
 Medicare pay for performance

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Representatives
 Senate
 General Accounting Office
 Department of Health and Human Services
 Medicare Payment Advisory Commission

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

Name	Covered Official Position (if applicable)
Allison W. Shuren	
Alan Reider	
Stacy Harbison	
Amy Demske	
Gordon Taylor	Chief of Staff to Rep. Chris John (D-LA)
Brandi Richardson	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Registrant Name Arent Fox PLLC Client Name American Society of Interventional Pain Physicians

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

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

16. Specific lobbying issues

Compound drug regulation

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

Drug Enforcement Administration

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

Name	Covered Official Position (if applicable)
Amy Demske	
Allison W. Shuren	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Arent Fox PLLC

American Society of Interventional Pain Physician

Registrant Name _____

Client Name _____

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

Stacy Harbison

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 Bu (city and state or co

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

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

Signature

Michael D. Kurman

Filing #220f8146-4e1b-4095-92c6-65980f3715f7 - Page 7 of 8

Date

7/29/05

Signature _____

Printed Name and Title Michael J. Kurman, Member

Form LD-2 (Rev. 6/98)

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