



Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_ David Sibley, Attorney \_\_\_\_\_

LD-2 (REV. 4/03)

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Registrant Name David Sibley Client Name American Medical Association

**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 Payment Advisory Commission (MedPAC) Recommendations  
Medicare Physician Fee Schedule -- payment policies  
Medicare Physician Payment Update Formula

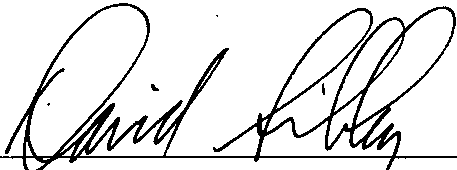
17. House(s) of Congress and Federal agencies contacted  Check if None

Senate  
House of Representatives  
Executive Office of the President

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

Name	Covered Official Position (if applicable)
David Sibley	

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

Signature  Date 2/11/2004

Printed Name and Title David Sibley, Attorney

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