Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENAI 05 MAY 18 PM 2: 48

1. Effective Date of Registration 2/16/2005

Senate Identification Number_

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration \square

2. House Identification Number

12001039	700 Pennsylvania Avenue, N	.W.					
City V	Vashington			State	DC	Zip	
City	lace of business (if different from	m line 3)		State/Zip (or Country)			
*	number and contact name						optional)
6. General des Law Firm	scription of registrant's business						
	A Lobbying firm is required to file a se labeled "Self" and proceed to line 10.	Self	tion for each client				ouse lobbyists should o
Address	1600 Duke Street, Suite 1	10					
	Alexandria						
8. Principal p	place of business (if different fro	om line 7)		Stat		r Country)	
	escription of client's business or Research Advocacy Organiza	activities					
Cancer F LOBBYI 10. Name of e this section		ecutive branc	ch official" or "	covere	l legisla	tive branch	official" within tw
Cancer F LOBBYI 10. Name of e this section	STS each individual who has acted or on has served as a "covered ex-	ecutive branc	ch official" or "	covere	l legisla ion(s) ii	tive branch n which the	official" within tw
Cancer F LOBBYI 10. Name of e this section	STS each individual who has acted or on has served as a "covered exe a lobbyist for the client, state the	ecutive branc	ch official" or "	covere	l legisla ion(s) ii	tive branch n which the	official" within tw person served.
LOBBYI 10. Name of e this section acting as	STS each individual who has acted or on has served as a "covered exe a lobbyist for the client, state the Name mith Woods	ecutive branc ne executive d	ch official" or "	covere	l legisla ion(s) ii	tive branch n which the	official" within tw person served.

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Form LD-1 (Rev. 06/98)		ļ	

egistrant Name	King & Spalding, LL	.P Cli	ent Name		NCCR	
LOBBYING ISS		ll applicable cod	es listed in instructi	ons and on the re	verse side of Form LE	
MED HCR	MMM 			,	. <u>-</u>	
12. Specific lobbying is Cancer Research			d Medicare/Medic	aid Issues		
AFFILIATED Of 3. Is there an entity of a semiannual period	ther than the clie	nt that contribu or in major part	plans, supervises	or controls the	registrant's lobbyin	
✓ No ⇔ Go to	o line 14.	u	■		section for each enti proceed to line 14.	
Name			Address		Principal Place of B (city and state or c	
FOREIGN ENT	ITIES					
14. Is there any foreig						
b) directly activitie c) is an affi	or indirectly, in ves of the client or	whole or in ma any organizati	jor part, plans, su on identified on li	pervises, control ine 13; or	dentified on line 13; ls, directs, finances on as a direct interest in	
Wa No⇔ Sign an	nd date the regist	ration.	I	•	st of this section for teria above, then sig	
Name		Address	bu	pal place of usiness tate or country)	Amount of contribution for lobbying activities	
	I		I			

Form LD-1 (Rev. 06/98)