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# LOBBYING REPORT

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

1. Registrant Name  
C. KENNETH PROEFROCK

2. Address  Check if different than previously reported  
P.O. Box 194

3. Principal Place of Business (if different from line 2)  
City: PAWLEYS ISLAND State/Zip (or Country) SC 29585

4. Contact Name Telephone E-mail (optional)  
C. K. PROEFROCK 843-979-3596 KENKPA@SCCOAST.NET

5. Senate ID # 51491-

7. Client Name  Self  
TUSKEGEE AREA HEALTH EDUCATION CENTER (TAHEC)

6. House ID # 348000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activities

## INCOME OR EXPENSES Complete Either Line 12 OR Line 13

### 12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇨ \$ \_\_\_\_\_  
Income (nearest \$20,000)

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).

### 13. Organizations

EXPENSES relating to lobbying activities for this report period were:

Less than \$10,000

\$10,000 or more  ⇨ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions

Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code

Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Signature C. Kenneth Proefrock

Printed Name and Title C. KENNETH PROEFROCK, PRES., KPA ASSOCIATES

Registrant Name C. KENNETH PROFFROCK Client Name TUSKEGEE AREA HEALTH EDUCATION CEN

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

CHR

12. Specific lobbying issues (current and anticipated)

PHS ACT, TITLE VII, AS AMENDED

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu: (city and state or cot

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in th of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for eac matching the criteria above, then sign ar registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature C. Kenneth Powerrock Date 03/01/03

Printed Name and Title C. KENNETH POWERROCK, PRES., KPA ASSOCIATES

Form LD-1 (Rev. 06/98)