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# LOBBYING REPORT

01 JUL 30 AM

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

1. Registrant Name <b>McDermott, Will &amp; Emery</b>		
2. Address <input type="checkbox"/> Check if different than previously reported <b>600 13th Street, N.W.</b>		
3. Principal Place of Business (if different from line 2) City: <b>Washington, D.C.</b> State/Zip (or Country) <b>20005-3096</b>		
4. Contact Name <b>Michael A. Romansky</b>	Telephone <b>202/756-8069</b>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <b>Outpatient Ophthalmic Surgery Society</b>		5. Senate ID # <b>24338-684</b>
		6. House ID # <b>31445057</b>

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

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 Acti

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> \$ <u>20,000</u> Income (nearest \$20,000)	<b>EXPENSES</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> - \$ _____ Expenses (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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of opt <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defini <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 601 the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 163 Internal Revenue Code

Signature 

Printed Name and Title **Michael A. Romansky, Counsel**



Registrant Name Michael A. Romansky

Client Name Outpatient Ophthalmic Surgery Society

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which 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

**Ambulatory surgery center, ophthalmic, and physician reimbursement issues.**

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

**U.S. Senate, U.S. House of Representatives, Health Care Financing Administration**

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

Name	Covered Official Position (if applicable)
Michael A. Romansky	Counsel
Eric Zimmerman	Counsel
Calvin Johnson	Counsel

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

Signature \_\_\_\_\_ Date July 22, 2001  
Printed Name and Title Michael A. Romansky

