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## LOBBYING REPORT

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

1. Registrant Name Edgar E. Rivas			
2. Address <input type="checkbox"/> Check if different than previously reported 6302 Queens Chapel Road, University Park, MD 20782-2130			
3. Principal Place of Business (if different from line 2) City: same State/Zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Edgar E. Rivas	(301) 927-4406	eerivas@yahoo.com	6937
7. Client Name <input type="checkbox"/> Self American Pain Foundation			6. House ID # 3575

**TYPE OF REPORT** 8. Year 2002 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 Lobbying

### 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  ⇒ \$ 20,000.00  
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 reporting period were:  
Less than \$10,000   
\$10,000 or more  ⇒ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

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

- Method A. Reporting amounts using LDA definition  
 Method B. Reporting amounts under section 6011 Internal Revenue Code  
 Method C. Reporting amounts under section 6013 Internal Revenue Code

*S. Rivas 12 Feb 2003*

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_ Edgar E. Rivas, Consultant/Lobbyist

LD-2 (REV. 6/98)

Registrant Name Edgar E. Rivas Client Name American Pain Foundation

**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, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Reviewed drafts, provided comments and met with staff to discuss proposed language for quality cancer care legislation and related pain care provisions.

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

Senate Health, Education, Labor and Pensions Committee, Public Health Subcommittee; individual members in House of Representatives

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

Name	Covered Official Position (if applicable)
Edgar E. Rivas	Subcommittee and personal staff
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature Edgar E. Rivas 12 Feb 03 Date \_\_\_\_\_

Printed Name and Title Edgar E. Rivas, Consultant/Lobbyist

Form LD-2 (Rev.6/98)

Page .

Registrant Name Edgar E. Rivas Client Name American Pain Foundation

**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

**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 EE Rivas Date \_\_\_\_\_

Printed Name and Title Edgar E. Rivas, Consultant/Lobbyist

Form LD-2 (Rev. 6/98)

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