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LOBBYING REPORT

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

1. Registrant Name <u>DENNIS W BOYD ASSOCIATION MANAGERS, INC</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>9001 BRADDOCK ROAD SUITE 380</u>			
3. Principal Place of Business (if different from line 2) City: <u>SPRINGFIELD</u> VA State/Zip (or Country) <u>22151</u>			
4. Contact Name <u>DENNIS W BOYD</u>		Telephone <u>703-426-8000</u>	5. Senate ID # <u>44891-12</u>
7. Client Name <input type="checkbox"/> Self <u>FEDERAL PHYSICIANS ASSOCIATION</u>		6. House ID # <u>34222000</u>	

TYPE OF REPORT 8. Year 2000 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 Activity ☐

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 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ 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 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature Dennis W Boyd

Printed Name and Title DENNIS W BOYD

Registrant Name DENNIS W BOYA Client Name FEDERAL PHYSICIANS ASSOCIATION

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 MED (one per page)

16. Specific lobbying issues

IMPROVING THE PHYSICIANS COMPENSATION ALLOWANCE

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HOUSE

SENATE

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

Name	Covered Official Position (if applicable)	Key
<u>DENNIS W BOYA</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Dennis W Boya Date 10/28/00

Printed Name and Title DENNIS W BOYA

Form 1 (3-7) (Rev. 6/98)

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Registrant Name DENNIS W BOYA Client Name FEDERAL PHYSICIANS ASSOCIATION

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

9001 BRADDOCK ROAD SUITE 380

21. Client new principal place of business (if different from line 20)

City SPRINGFIELD

State/Zip (or Country) VA 22151

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 - N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s) - N/A

Name	Address	Principal Place of Business (city and state or country)

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	Ownership — percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature

Dennis W Boya

Date

10/24/00

Printed Name and Title

DENNIS W BOYA

Form 1 P, 2 (Rev. 1/00)

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