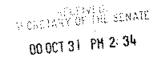
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Han Building Washington, DC 20510



LOBBYING REPORT

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

1. Registrant Name				
DENNIS W BOYD ASS	OCIATION MANAGERS S	SVC		
2. Address				
JOOL SKAD DOCK ROAD 3. Principal Place of Business (of different from line 2)	S175 360	inkaminan — — — — — — — — — — — — — — — — — —		
CITY SPRINGFIELD UN SINC	/Zip (or Country) Z Z/5/			
4. Contact Name Telephone	É-mais (optionat)	5. Senate ID#		
DENNIS W BOYD 763-4	26-8100	44891-12		
7. Client Name Self	,	6. House ID# 7		
FEDERAL PHYSICIANS ASSOC	IN TION	34222000		
TYPE OF REPORT 8. Year 2000 Midyee	•	nd (July 1-December 31)		
9. Check if this filing amends a previously filed version of this	•			
10. Check if this is a Termination Report Termination	n Date	I. No Lobbying Activity 🔲		
INCOME OR EXPENSES - Complete Eithe	r Line 12 OR Line 13			
12. Lobbying Firms	13. Organizations EXPENSES relating to lobbying activities for this reporting period-were:			
INCOME relating to lobbying activities for this reporting period was:				
Less than \$10,000 Ø	Less than \$10,000 🖄			
\$10,000 or more	\$10,000 at more			
Provide a good faith estimate, rounded to the nearest \$20,000	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of ontions			
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).	Method B. Reporting amounts um Internal Revenue Code	der section 6033(b)(8)of the		
	Method C. Reporting amounts un- Internal Revenue Code			
Signature Spans W Bogd				
Printed Name and Title DENNIS W 5048				
LD-2 (REV. 6/98)		PAGELOL		

Registrant Name DENNIS W SOVA Client Name FEBERAL PHYSKIANS ASSOCIATION	<u>, </u>
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 <u>MES</u> (one per page)	
16. Specific lobbying issues IMPROUP NO THE PHYSICIAUS COMPARA BRITY ACLOUANCE	
17. House(s) of Congress and Federal agencies contacted Check if None DEFARTMENT OF HEALTH AND HUMAN SERVICES FLOUSE SENATE	**************************************
18. Name of each individual who acted as a lobbyist in this issue area	
Name Covered Official Position (if applicable)	Mev
DENNIS W BOX	
	o .
	0
The state of the s	
	a
	a
	٥
·	
19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	
Signature Duri W. Box d Date 10/28/00	
Printed Name and Title DE NUIS W SOYD	
Form D-2 (8-1) (4-1)	

20. Client new address		<u>`</u>					
		_	·				
9001 BA	DDOCK 1	COAO	Sure 310				
21. Client new principal place of	of business (of differen	nt from line 20)					
City SPRINGFIE	<u>.</u>	Up State 2	ip (or Country) 22/57				
22. New general description of					PI I I I I I I I I I I I I I I I I I I	144-1	
LOBBYIST UPDATE		·					
23. Name of each previous	isly reported indi	ividual who is no [onger expected to act as a	lobbyis	st for the client		
9 m	,,	····	~	described from			
							
ISSUE UPDATE		200			,,		
24. General lobbying issu	es previously rep	ported that no long	er pertain — N/A				

AFFILIATED ORGAI	T7 TTONE						
25. Add the following aff	VIZA LIUIVO iliated organizati	onis) - NA					
Name			Address	1	Principal Place of B	usiness	
					(city and state or country)		
				··[
		1					
26. Name of each previous	isly reported orga	anization that is no	longer affiliated with the	registr	ant or client		
•			5		nor or energy		
للريان المناس = إليها التهليقين فميرتقي			. ,		· · · · · · · · · · · · · · · · · · ·	a	
FOREIGN ENTITIES		<u></u>		· · · · · · · · · · · · · · · · · · ·			
27. Add the following for	eign entities						
Name/		Address	Principal place of business		Amount of contribution—	-Ownership -	
Name		****	(city and state or country)		for lobbying activities	percentage in	
Name							
Name		į	1				
Name						1	
Name		**************************************				1 .	
28. Name of each previou	isly reported fore	sign entity that no	longer owns, or controls,	or is af	filiated with the registr	ant, client or	
	asly reported force	sign entity that no	longer owns, or controls,	or is af	filiated with the registr	ant, client or	
28. Name of each previou	isly reported fore	rign entity that no	longer owns, or controls,	<u>or</u> is af	filiated with the registr	ant, client or	
28. Name of each previou affiliated organization	isly reported force	rign ontity that no				ent, client or	
28. Name of each previou	isly reported force	eign ontity that no			Tiliated with the registr	ant, client or	