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05 FEB 25 PM 2:20  
**LOBBYING REPORT**

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

1. Registrant name  
Organization **Congress of Neurological Surgeons**

2. Address  Check if different than previously reported  
725 15th Street, NW Suite 800  
City Washington State DC Zip Code 20005 Country USA

3. Principal place of business (if different than line 2)  
City Schaumburg State IL Zip Code 60173 Country US  
State/Zip or Country

4a. Contact Name Prefix Full Name Ms. Katherine O. Orrico	b. Telephone number 202-628-2072	c. E-mail korrico@neurosurgery.org	5. Senate ID # 10445
7. Client Name <input checked="" type="checkbox"/> Self Congress of Neurological Surgeons			6. House ID # 33876001

**TYPE OF REPORT** 8. Year 2004 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 Activity

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

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000</u></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of</p> <p><input checked="" type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>
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**Form CD**

  
Printed Name and Title Katherine O. Orrico, Director Washington Office




Registrant Name Congress of Neurological Surgeons

Client Name Congress of Neurological Surgeons

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

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

16. Specific lobbying issues

*Add page to continue specific issues description for this issue* 

S. 720, Patient Safety and Quality Improvement Act  
HR 4571, Lawsuit Abuse Reduction Act of 2004


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

House of Representatives  
Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Katherine	Orrico		
Barbara	Peck		

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

  
Printed Name and Title Katherine O. Orrico, Director Washington Office

*Add a page for a different*



Registrant Name Congress of Neurological Surgeons Client Name Congress of Neurological Surgeons

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suf

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address City C/S/Z	City State Country
	Address City C/S/Z	City State

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own per client

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title Katherine O. Orrico, Director Washington Office

