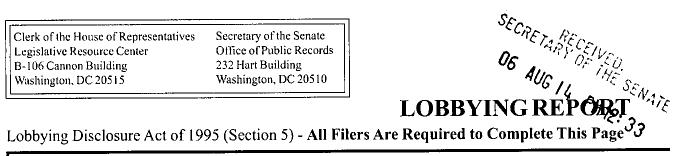
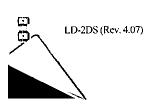
000192500



1. Registrant name			
Academy of Clinical Research Profes	ssionals		
2. Address Check if different than previously reported		***************************************	
500 Montgomery Street, Suite 800			
Alexandria V.	A 22	2314	USA
3. Principal place of business (if different than line 2)			
City State/Zi 4a. Contact Name b. Telephone number	p or Country c. E-mail		5. Senate ID#
·			3. 309138-1
Ms. Michelle Leeds 202-295-4123 mleed 7. Client Name Self	ds@foley.com		6. House ID#
Academy of Clinical Research Professionals			38338000
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report □ □ Termination Date INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13		11. No Lobbying Activ
12. Lobbying Firms	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:		
Less than \$10,000	Less than \$10,000		
\$10,000 or more	\$10,000 or more	⇔ \$	24,000
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).	14. REPORTING MET accounting method. See		· ·
	■ Method A. Reporting amounts using LDA definitions or Reporting amounts under section 6033(b)(8) Internal Revenue Code		
·		orting amour enue Code	ts under section 162(e) of t
·		nue Code	ts under section 162(e) of t



Academy of Clinical Research Profession

Client Name

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code

Registrant Name Academy of Clinical Research Professionals

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

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LD-2DS (Rev. 4.07)

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