Clerk of the House of Representatives

Legislative Resource Center

B-106 Cannon Building

Washington, DC 20515

N LA QQ.

Ľň

Secretary of the Senate

Office of Public Records 232 Hart Building Washington, DC 20510

Clear all di Go to ' SEHATE

LOBBYING REPORT

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

E

1. Registrant name		
Organization Association of Community Cancer	Centers	
2. Address Check if different than previously reported		***************************************
Address 1 11600 Nebel Street	Suite 201	
City Rockville State	MD Zip Code 20852	Country US
3. Principal place of business (if different than line 2)		
City State City State	Zip Code Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c, E-mail	5. Senate ID#
	rber@accc-cancer.org	71952-12
7. Client Name Self	11.21.11.11.11.11.11.11.11.11.11.11.11.1	6. House ID#
Association of Community Cancer Centers		35955000
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	12 OR Line 13	zations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying act were:	ivities for this reporting
Less than \$10,000	Less than \$10,000	
\$10,000 or more	\$10,000 or more 🔀 🖒 \$_	33,598
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Checaccounting method. See instructions	ck box to indicate exper for description of optio
payments to the registrant by any other entity for lobbying activities on behalf of the client).		s using LDA definitions on s under section 6033(b)(8). Ode
	Method C. Reporting amounts Revenue Code	under section 162(e) of th
	<u> </u>	Form Co

Printed Name and Title Matthew Farber, Policy Coordinator

Page 1

Registrant Name Association o	f Community Cancer Centers	Client Name Association of Community Cancer Cer
engaged in lobbying on behi	. Select as many codes as nec alf of the client during the rep attach additional page(s) as n	essary to reflect the general issue areas in which the orting period. Using a separate page for each coeeded.
5. General issue area code	HCR - Health Issues	(one per page)
6. Specific lobbying issues	,	Add page to continue specific issues description for this issue
Physician Fee Schedule Off-label drug coverage Hospital Outpatient Prosp		
7. House(s) of Congress an	d Federal agencies contacted	None House Senate Other
Dept. of Health and Human General Accounting Office Medicare Payment Advisory		
Name	•	us issue area — Add a page to continue additing to by ists for Covered Official Position (if applicable)
latthew Farber	Sunix	
···········		
·		
. Interest of each foreign en	ntity in the specific issues list	ted on line 16 above Check if None
		/

Trunco maine and Title Mainew Farber, Policy Coordinator

LD-2DS (Rev. 4.07)

0

Page 2

Information Upda	ite i age	- Compiete	UNLI	where t	egistram	on into	n mamon	nas ct	iaugci	#•
20. Client new address	•									
Address		, , , , , , , , , , , , , , , , , , , ,								,
City	***************************************	***************************************		State		Zip Cod	le	1,34 3	Country	, .
21. Client new principal	place of bus	siness (if differ	rent than li	ne 20)						******
City		*******		State :		Zip Code	•	÷, · · · ·	Country	, .
22. New general descrip	tion of clien	t's business or	activities	***************************************	***************************************				**************	••••
									į.	
LOBBYIST UPDAT 23. Name of each prev		orted individu	al who is	no long	er expecte	d to act	t as a lobb	wist for	the cli	ent
-	Lest Non Walter)F	Suffix		First Name		Last	Marne	uic cir	
~ ¬	**	,		3		* * * * * * * * * * * * * * * * * * * *				
2 Daniel \	∕igil [.]			4	• •	• • •		·	•	
ISSUE UPDATE			-					. ,		
24. General lobbying is	ssues that n	o longer peri	tain		Find the	code to	select b	elow.	•	٠.
	, .				*****					-
				· ·			· · · · · · · · · · · · · · · · · · ·			
AFFILIATED ORG				· _			· · ·			
AFFILIATED ORG 25. Add the following a			l	· _						
				Address				ncipal pla		
25. Add the following a				Address						
25. Add the following a		ganization(s) Address Č/S/Z		Address			(cit			oun(
25. Add the following a		ganization(s) Address C/S/Z Address		Address			(cit City State City		ite or co	oun(
25. Add the following a	affiliated or	ganization(s) Address C/S/Z Address					(cit City State City State	y and sta	Count	oun(
25. Add the following a Name 26. Name of each previ	affiliated or	ganization(s) Address C/S/Z Address C/S/Z rted organiza			ger affilial	ed with	(cit City State City State	y and sta	Count	oun
25. Add the following a Name 26. Name of each previ	affiliated or	ganization(s) Address C/S/Z Address			ger affiliat	ed with	(cit City State City State	y and sta	Count	oun(
25. Add the following a Name 26. Name of each previ	offiliated or	ganization(s) Address C/S/Z Address C/S/Z rted organiza			ger affiliat		(cit City State City State	y and sta	Count	ount
25. Add the following a Name 26. Name of each previ	ously report	Address C/S/Z Address C/S/Z rted organiza			ger affiliat		(cit City State City State	y and sta	Count	ount
25. Add the following a Name 26. Name of each previ	ously report	Address C/S/Z Address C/S/Z rted organizar 2	tion that is	s no lon	ger affiliat	siness	City State City State 1 the regis	y and sta	Count	Ow
25. Add the following a Name 26. Name of each previ	ously reported or entity	Address C/S/Z Address C/S/Z rted organizar 2		s no lon	pal place of bu	siness	City State City State 1 the regis	trant or	Count	ount
25. Add the following a Name 26. Name of each previ	ously reported or entity	Address C/S/Z Address C/S/Z rted organizar 2	tion that is	Princi (city a	pal place of bu and state or cou	siness untry)	City State City State 1 the regis	trant or	Count	Ow
26. Name of each previal FOREIGN ENTITH 27. Add the following for Name	ously reported or ously reported or one of the control of the cont	Address C/S/Z Address C/S/Z rted organiza 2 ties Address	tion that is	Princi (city a	pal place of bu ind state or cor Country	siness antry)	City State City State 1 the regis Amount	trant or	Count Client ution ities	Ow per clie
25. Add the following a Name 26. Name of each previ	ously reported or ously reported or one of the control of the cont	Address C/S/Z Address C/S/Z rted organiza 2 ties Address	tion that is	Princi (city a	pal place of bu ind state or cor Country	siness antry)	City State City State 1 the regis Amount	trant or	Count Client ution ities	Ov per
26. Name of each previous affiliated organization	ously reported or ously reported or one of the control of the cont	Address C/S/Z Address C/S/Z rted organiza 2 ties Address	tion that is	Princi (city a	pal place of bu ind state or cor Country	siness antry)	City State City State 1 the regis Amount	trant or	Count Client ution ities	Ov per
26. Name of each previous Name POREIGN ENTITH 27. Add the following for Name 28. Name of each previous	ously reported or ously reported or one of the control of the cont	Address C/S/Z Address C/S/Z rted organiza 2 ties Address	tion that is	Princi (city a	pal place of bu ind state or cor Country	siness antry)	City State City State 1 the regis Amount	trant or	Count Client ution ities	Ov per