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LOBBYING REPORT

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

1. Registrant Name Medical Association of Georgia			
2. Address <input type="checkbox"/> Check if different than previously reported 1330 West Peachtree Street, NE, Ste. 500 Atlanta, GA 30309			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name David Cook	Telephone (404) 881-5030	E-mail (optional) dcook@mag.org	5. Senate ID # 2478
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3336

TYPE OF REPORT 8. Year 2003 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

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

\$10,000 or more ⇒ \$ _____
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

\$10,000 or more ⇒ \$ 20,000.00
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 603: Internal Revenue Code

Method C. Reporting amounts under section 162: Internal Revenue Code

Signature David A. Cook

Printed Name and Title David A. Cook, Executive Director

LD-2 (REV. 6/98)

P

00000230227

Registrant Name Medical Association of Georgia Client Name _____

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

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

16. Specific lobbying issues

S.2793 Help Efficient, Accessible, Low Cost, Timely Health Care (HEALTH) Act of 2002
S.607 Help Efficient, Accessible, Low-Cost, Timely Healthcare (HEALTH) Act of 2003
H.R.4600 Help Efficient, Accessible, Low Cost, Timely Health Care (HEALTH) Act of 2002
H.R.5 Bipartisan HEALTH (Help Efficient Accessible, Low-Cost, Timely Health Care) Act of 2003
S.1
HR: > MEDICARE Prescription Drug & Modernization Act of 2003.

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

US House
US Senate

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

Name	Covered Official Position (if applicable)
David A. Cook	
.....
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.....

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

Signature [Handwritten Signature] Date July 4, 2001

Printed Name and Title David A. Cook, Executive Director

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Registrant Name Medical Association of Georgia Client Name _____

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 MMM (one per page)

16. Specific lobbying issues

S.1707 Medicare Physician Payment Fairness Act of 2001
H.R.4954 Medicare Modernization and Prescription Drug Act of 2002
H.R.3351 Medicare Physician Payment Fairness Act of 2001
S1 } THE MEDICARE MODERNIZATION & PRESCRIPTION DRUG ACT OF 2003
HR1 }

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

US House
US Senate

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

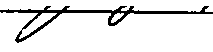
Name	Covered Official Position (if applicable)
David A. Cook	

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

Signature *David A. Cook*

Date *July 2, 2003*

Printed Name and Title David A. Cook, Executive Director



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Registrant Name Medical Association of Georgia Client Name _____

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

20. Client new address

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

City _____ State/Zip (or 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

Ray P. Williams

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

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

Signature *David A. Cook* Date July 2, 20

Printed Name and Title David A. Cook, Executive Director

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